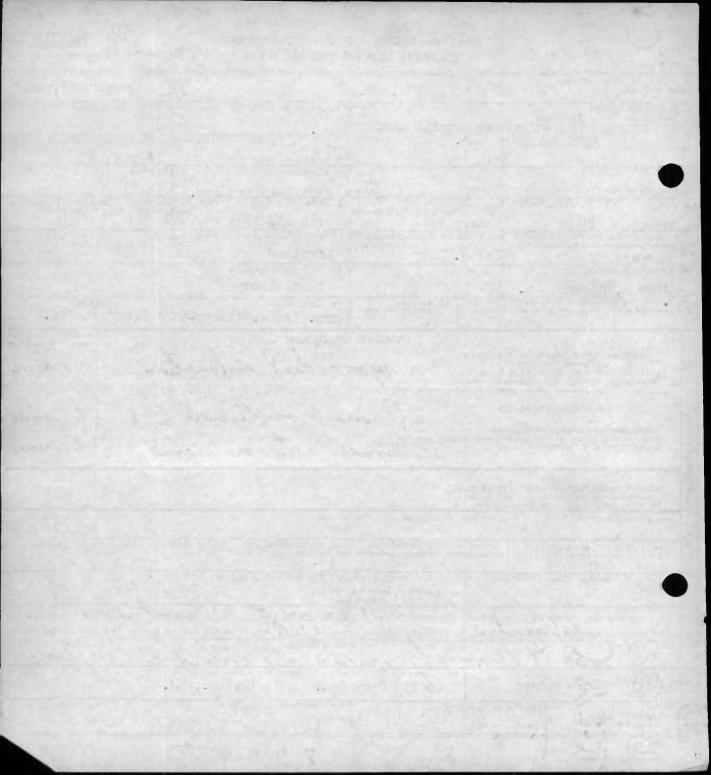


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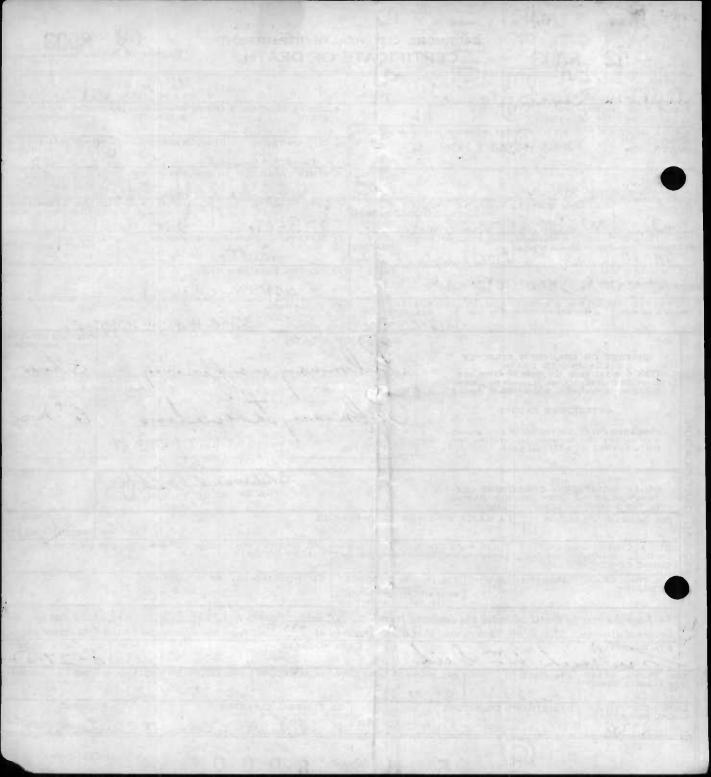
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8002 Registered No.

1. NAME OF DECEASED (Type or Print) 2. DATE August 27, 1952 JOHN A. HICKEY, JR. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 5301 Beaufort Ave. 8. DATE OF BIRTH 9. AC Days 9. AGE (In years II Under 1 Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE April 13, 1903 married white male 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland Balto City Fireman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachel Sanders John A. Hickey, Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Eva F. Hickey-5301 Beaufort Ave. INTERVAL BETWEEN CAUSE OF DEATH 1001 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 22. I hereby certify the I attended the deceased from 2 6 January 1952 to 2) August, 1957 that I last saw the deceased alive on 22 Chiques 19 52 and that death occurred at 1 1 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Loudon Park Cem-Balto., Md. 8/30/52 250 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



N	Medic	al Exam	iners co	16e 1	4 10 15	1167111	ov:			
1	clanso	A to Hosp	ITA) BAL	TIMORE CITY		TH DEPART	MENT	Registere	2 No	8003
ВІ	RTH NO.	2 8003	<u> </u>	CERTIFIC	ATE	OF DEAT	H	registere	u No.	
3	NAME OF D	wallen	+ mra	veryons	ei			2. DATE OF DEATH ()	reger	at 26, 1952
Α.		City, Maryland		00	A	STATE	ENCE (WI	here deceased lived B. COUNTY		itution: residence before admission)
H	FULL NAME OSPITAL OR		HOPKINS H	ion, give street addr	adiam)	. CITY OR TOWN	J. (If c	outside corporate li	mits, wi	rite RURAL and give
IN	STITUTION	0011145	TIOTICITY II	COPITAL		Balt	mane	2.	-0	3 township)
C	Length of s	tay in Baltimo	re		Yrs. D Mos. Days	STREET ADDRE	Ess (If r	ural, give location		
	SEX	6. COLOR OR R.	ACE 7. SINGLE	E. MARRIED.	8	DATE OF BIRTH	1	9. AGE (in years		I Year If Under 24 Hours
7	rale.	White	ma	red, DIVORCED (S		8-5-01	0	last birthday)	Months	Days Hours Min.
worl	A. USUAL OC	CUPATION (Give)	Ro H. D.	OF BUSINESS O		I. BIRTHPLACE (S	State or for	reign country)	12.	CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME	IVALLANC	chim days	your !	4. MOTHER'S MA	IDEN NA	ME		
	Tra	nk mr	owczyn	SM .		France	es &	Ekwert		7
	. WAS DECEAS: s, no or unknown)	ED EVER IN U.S. A		16. SOCIAL SECURITY 1 2/2-03-8	NO.	7. INFORMANT	'IOHNIC	HOOMING	ADDF	V
	18. 10.0	4		CAH		DEATH	JOHNS	HOPKINS F	IOSPI"	INTERVAL BETWEEN
	DISEAS	SE OR CONDITI	ON DIRECTLY	4	11		. ,	1.		ONSET AND DEATH
		LEADING TO not mean the m ire, asthenia, etc. I	ode of dying, e. s		uln	unsy 10	and f	enny	***********	This.
	injury or	complication wh	ich caused death	DUE TO	20	/ -	119	1/		
Z		ANTECEDENT C	CAUSES	(B) Se	elm	may la	her	culoris		6 hes
FICATION	RISE TO T	S OR CONDITION THE ABOVE CAUSE YING CONDITION	(A) STATING TH	HE DUE TO		CERT	IFICATIO	N APPROVED	QV	
ICA	ONDERE	TING GONDING	IN LAST.	(C)	****************	7	•	1/2	ρţ	
TIF	OTHER	II SIGNIFICANT CO	ONDITIONS CO.			1/11	lean	V. Mourist	AD.	
CERTI	TRIBUTING	TO THE DEATH,	BUT NOT RELATE	ED .	******	CHIEF	OR ASST.	MEDICAL EXAMINE	7	
	19A. DATE C	F OPERATION	198. MAJOR	FINDINGS OF	OPERAT	ION				20. AUTOPSY?
EDICAL	21A. ACCIE	ENT WAS UND	R- 218. PL/	ACE OF INJURY	(e. g., in or	21c. WHERE D	OID (If	in Baltimore Cit	y, give	exact location)
MED	LYING O	R CONTRIBUTIN DEATH	IG about home,	farm, factory, street, offic	ebldg.,etc.)	INJURY OCCU	R?			
	ID. TIME	(Month) (Day) (21E. INJURY OCC		21F. HOW DID	YAULNI	OCCUR? ·	450	
h			m.	WORK AT	WHILE WORK	2 1 5	2 1			
	22. I hereb	y certify that	I attended the	deceased from and that death		-26, 1952				hat I last saw the late stated above
	23A. SIGHA	TUPE	, 10 12	0 - /	238	. ADDRESS			2	3c. DATE SIGNED
-	3000	CREMA- 248. DA	W- S	24C. NAME OF CE				NS HOSPITA	- 0	27-32 county) (State)
TI	AA. BURIAL, ON, REMOVAL (S	Specify)	20-1952	St St	A Par	A A	Ba	CATION (City, to	A	mode
	ATE RECEIVE		RAR'S SIGNATU	JRE ,	2	B. FUNERAL DIR	ECTOR	· Car	AE	DDRESS
L.	C 28195		utington	Wellisus,	MARCH	m. S. Fial	How	ski 2007	Easi	tern are
10	VS 150	ërtif	16 170	take	544	3A-1-1-	m Mie	1:401 2	Xa m	iner
		-1111	1 141 4	1 1 13 110	, Lah	J. Balling				



256.				
52 8004 BA	LTIMORE CITY HEA		Registered No.	8004
BIRTH NO.	CERTIFICATE	OF DEATH	Registered No	
1. NAME OF DECEASED (Type or Print)	GRAMME	R	2. DATE OF DEATH 8-2	7-52
A. Baltimore City, Maryland 1509 W.		4. USUAL RESIDENCE (WEA. STATE		itution; residence before admission)
B. FULL NAME OF ('f not in hospital or institu	loontion)	1509 W. L	OMBARP.	ST.
HOSPITAL OR INSTITUTION	in a second	C. CITY OR TOWN (If o	outside corporate limits, w	tow iship)
	Yrs.	D. STREET ADDRESS (If re	ural, give location)	
angth of stay in Baltimore	Mos. Days			
	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If Under last birthday) Months	
10A. USUAL OCCUPATION (Give kind of 10B. KIN	D OF BUSINESS OR	PEC. 12, 1877	74	
work done during most of working life, even if retired)	INDUSTRY	CLOPEV C.	eigh country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	4	14. MOTHER'S MAIDEN NAI	ME	
UNMOWN - C	LARK	UNKNOWN.	SCHAL	h=b
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDE	RESS ST.
Mo	NONE	MRS, SCHAIDE	1209 WT	OMBARD
18. 422.1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL' LEADING TO DEATH	Anten	indo to	Cand	
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser	B., (A)	iosclerotic	avas	
Injury or complication which caused dea	th.) DUE TO Vasce	lar disease	-	
ANTECEDENT CAUSES	(B)		***************************************	
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
ONDERENING CONDITION LAST.	(C)			
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING OUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS	N.			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED			
	R FINDINGS OF OPERA	TION	77,	20. AUTOPSY?
d and the state of	ACE OF INITIBY (a - in a	or 21c. WHERE DID (If	in Doltimana City mine	YES NO
218. PL UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	ACE OF INJURY (e. g., in o , farm, factory, street, office bldg., etc.	INJURY OCCUR?	in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
m. 1	WORK AT WORK		-	
22. I certify that I took charge of the	e remains described abo	ove, held anAutopsy, In	spection of Inquiry	hereon and from
the evidence obtained by said Aus and death in my opinion resulted	topsy, Inspection or In- from: natural causes	quiry, find that said dec	eased ded on the d	ay stated above,
23A. SIGNATURE	11 1	23B. CHIEF MEDICAL EX	(AMINER] 23c. D	ATE SIGNED
24A. BURIAL, CREMA-1 24B. DATE	flerly M.D	MEDICAL INVESTIGATO	R	-27-52
TION REMOVAL (Specify) BURIAL AUF 30, 1957	MCCTED	A/ CAMATORY 245. LOC	CATION (City, town, 3)	LTB. MA
DATE RECEIVED BY REGISTRAR'S SIGNAT	WESTER PRE	5. FUNERAL DIRECTOR		DRESS AJE
LOCAL REGISTRAR Huntington	VHICAMA MESS A	Palt CAROLL	Se Valtors	Vo.
100 1 10 10 10 10 10 10 10 10 10 10 10 1	TALLE / LANGE CONTRACTOR		INVENDED CONTRACTOR	
A 2 171 A		2000	19108 .8 th	ickerist

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52 2006

52 8006 CERTIFICATI	E OF DEATH Registered No.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Hannah Stewart	(Epps) 2. DATE OF August 26, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Provident Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	Balto. (If rural, give location)
Yrs. Mos.	
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	1713 W. Lafayette Ave. S. DATE OF BIRTH 9. AGE (In years) H Under I Year H Under 24 Hours
FeMale Col. WIDOWED DIVORCED (Specify)	Nov. 28, 1881 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dune during most of gooking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Va. Va.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thos. Chatman	Caroline Taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. NO	Phoebe Collins 1713 W. Lafayette Ave
COLUMN TO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	entensis Carlisons suls Des
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
I I	YES NO
218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY OCCURRIN	ED 21F. HOW DID INJURY OCCUR?
deceased alive on 7,19, 2, and that death occur	rred at 2;30 km., from the causes and on the date stated above.
Thomas I Milled M.D.	7036 Hadewolloller 8-28-56
248. DATE 24C NAME OF CEMETE Aug. 30, 1952 Arbutus Mem	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

VS 150 . .

Tuntington Williams, Mot Geo. G. Kelson 1303 Presstman St.

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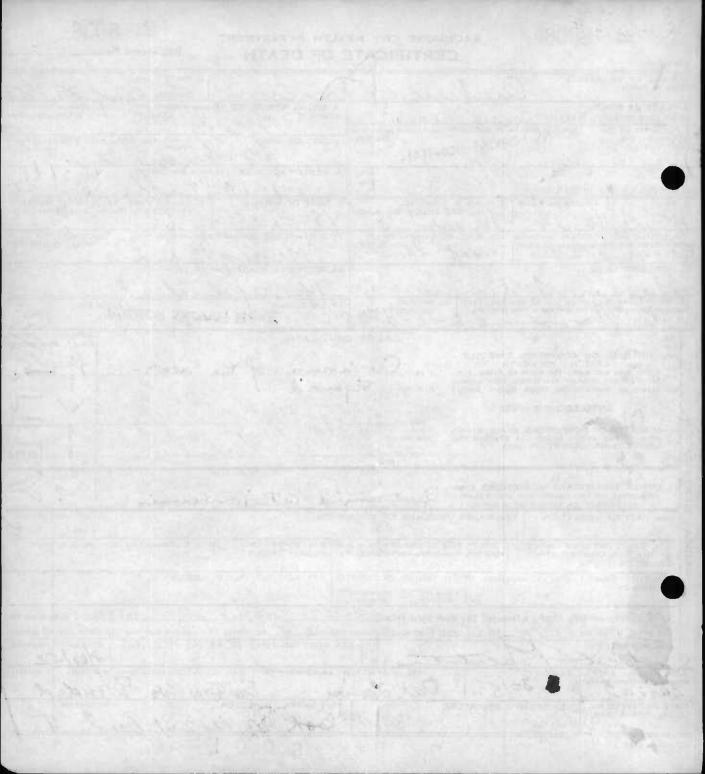
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BALTIMORE CITY HEALTH DEPARTMENT

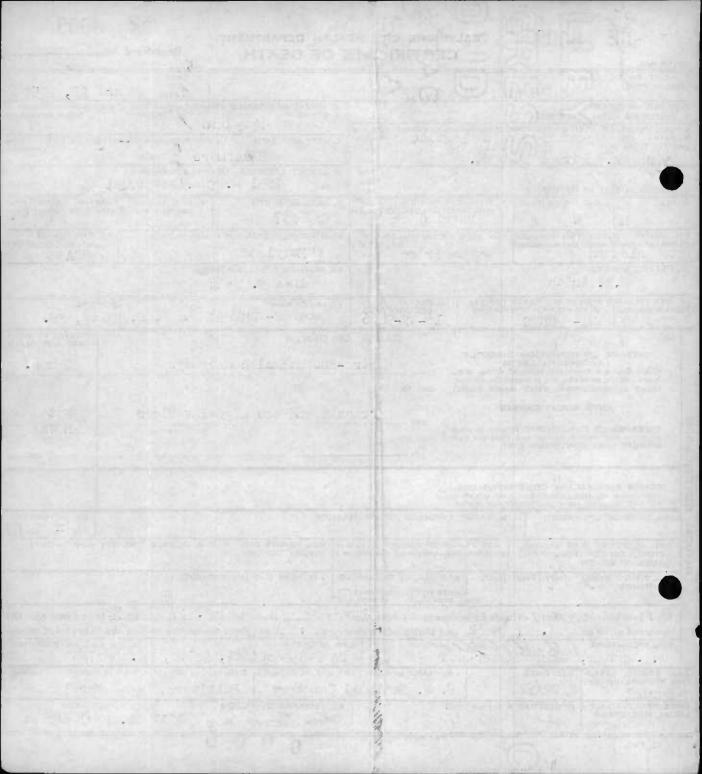
52 8008
Registered No.

ВІ	IRTH NO.	TICATE OF DEATH	
	NAME OF DECEASED Quadrent.	Minum 2. DAT OF DEAT	12 0 97 16-
Α.	Baltimore City, Maryland Jung Hal		ased lived. If institution: residence before admission)
H	FULL NAME OF (Hospital or institution, give strospital or inst	ect address or location) C. CITY OR TOWN (If outside co	rporate limits, write RURAL and give township)
	33	Yrs. D. STREET ADDRESS (If rural, give	location 10 - 01
_	rength of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIE	Mos. Days D. 8. DATE OF BIRTH 9. AGE	(In years II Under Year II Under 24 Hours
7	Male White Marri	(CED (Specify) 11-22-87 last b	Min. Months Days Hours Min.
10		NESS OR II. BIRTHPLACE (State or foreign country)	ntry) 12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1-2
18 (Ye	S. WAS DECEASED FIER IN U. S. ARMED FORCES? 16. SOCI	JRITY NO.	HOSPITAL
	18. 154X 1	CAUSE OF DEATH	INTERVAL BETWEEN DNSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE T	Carcinoma of the re	cto- 9 mrs.
	ANTECEDENT CAUSES		WAR - THE
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ro	
ICA	UNDERLYING CONDITION LAST. (C)		
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	malyid caterioscles	· ?
AL	19a. DATE OF OPERATION 19B. MAJOR FINDING	S OF OPERATION	20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, at CAUSE OF DEATH		imore City, give exact location)
2	O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	RY OCCURRED 21F. HOW DID INJURY OCCUR	7
	22. I hereby certify that I attended the deceased	from 8-27- , 1952to 8-27-	, 1953, that I last saw the
	deceased alive on 8 27 19 52 and that	23B. ADDRESOHNS HOPKINS H	S and on the date stated above. OSPITAL 239 DATE SIGNED
2	4A. JURIAL, CHOMA: 248 DATE 24C. NAME	M. D. EDF CEMETERY OR GREMATORY 24D. LOCATION	(City, town, or Jounty) (State)
D	ATE RECEIVED BY A REGISTRAR'S SIGNATURE	K Lawn Eastery 4	vy Struded ADDRESS
L	OCAL REGISTRAR Thertington Williams, A	19. 14 Cook Inc. 1217 0	St. Paul I
1	A 18 258 1932	2 062464 0 0 5	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No ... 1. NAME OF DECEASED (Type or Print) FRANCIS ALOYSIOUS SMITH August 27, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or US Public Health Service HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Wyman Pk. 31st St. Baltimore Drive & D. STREET ADDRESS (If rural, give location) Yrs. ? Mos. 2931 N. Charles Street c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours; Min. 4/25/97 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Auto Salesman Brooks Price Maryland USA 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME C.L. Smith Anna T. Heim 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY 6-09-9426 Records - US PHS Hospital, Balto, Md. Yes WWI- USMC INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gastro-intestinal hemorrhage 2 mos. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cirrhosis and esophageal varices Not CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING known RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES X 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from June 28 , 1952, to Aug. 27 , 19 52 that I last saw the deceased alive on 128, 27, 19 52, and that death occurred at 5:15 A m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED US PHS Hospital, Balto, Md. 8 J.A. Hunte 24A. BURIAL, CREMA-TION, REMOVAL (Specity) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B, DATE U. S. National Cemetery Baltimore. Maryland burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Goods, Sc. 1217 St. Paul Street VS 150



M-254 CERTIFICATE CORRECTED OCT. 2, 1952 ES 52 8010

CERTIFICATE OF DEATH Registered	d No.
1. NAME OF DECEASED WORDS THE OF DEATH Q	ma 26 1952
a. Baltimore City, Maryland B. COUNTY 4. USUAL RESIDENCE (Where deceased lived.	If in trution: residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) ONE TOWN (If outside corporate line in the composition of the composition) C. CITY OR TOWN (If outside corporate line in the composition of the compositio	mits, write RURAL and giv
Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location)	Ct.
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years	Months Days Hours Min.
IOA. USUAL OCCUPATION (Givekindof IOB. KIND OF BUSINESS OR INDUSTRY INDUSTRY INDUSTRY)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	A AA80A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HOPKINS HOSPI	ADDRESS
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) Matantalus Cause (Cause of Cause of Ca	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Lyfetamine a terrelate Carloran	sa 20 jr
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, fectory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City of the contribution of	y, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK	
deceased alive on \$ 26, 1952, and that death occurred at 1200 km., from the causes and on	
234. SIGNATURE M. D. 238. ADDRESS HOPKINS HOSPITA M. D. 246. BURIAL, CREMA-1 248. DATE 246. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, to	8/27/52
TION. ROMOVAL (Specify) 8/29/52 moreland Ruke Parkville	manyland
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR WILLIAM LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'	ADDRESS 1 OR

See Document File 52-8010 for full autopsy indings. 10/2/52 TS

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8011

BI	RTH NO.		V	CERTIFICAT	E OF DEATH	Registered No	
1.	NAME OF Dype or Print)	PECEASED PAYTO	NU II	UGRAM (Pe	yton C. Ingram)	2. DATE OF DEATH 2/0	went 52
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (Wh		stitution; residence before admission)
HC	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	11 -	ion, give street address or location)	c. CITY OR TOWN (If or	utside corporate limits,	write RURAL and give township)
	ength of	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (1) 26/2	ral, give location)	e.
5.	M	6. COLOR OF RACE		E. MARRIED. VED DIVORCED (Specify)	Sept. 29, 1900		hs Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	(A/AP	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 1	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	ton C. Ingram			14. MOTHER'S MAIDEN NAM Esther Mothershe		
15 (Yes	WAS DECEAS , no or ockoowe)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Missouri L. Ingran		Avenue
ERTIFICATION	(This doe heart fail injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT COND G TO THE DEATH, BUT	TH of dying, e. ; ins the disease caused death SES F ANY, GIVIN STATING TI AST. ITIONS COI NOT RELATI	(B)	retrain of the Turkend winderstric la	un Let dyies	12 lu.
AL C		DF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e.g., inform, factory, street, office bldg.,		in Baltimore City, giv	
Σ	21D. TIME INJURY	(Month) (Day) (Year)	` '	21E, INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	21F, HOW DID INJURY	OCCUR?	
	deceased a	TURE 1		deceased from 26 and that death occur		e causes and on the	that I last saw the date stated above.
24 TIO	A. BURIAL. N. REMOVAL	CREMA- 248. DATE		Methodist Ch	RY OR CREMATORY 24D. LOC urch Cemetery Whit	CATION (City, town, or	r county) (State)
DA	TE RECEIVE	D BY REGISTRAR	1		25. FUNERAL DIRECTOR	,	ADDRESS Paul Street
世	2833	12 Thurturgh		5-281	0248000	3	

FRANCE TELESCOPENTE NOOF THE ACCUPATION OF THE PARTY OF THE PARTY OF

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CIT OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 5. SEX 6. MOLOR OR RACE 7. SINGLE, MARRIED BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 8. DATE OF WIDOWED, DIVORCED (Specify) male 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Worker STEEL Tec 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LIH 8/0 M MIDKIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Vremia, cersosis LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, Hypertensin Carlis vascular seml injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

ERTIFICATION UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21A ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If In Baltimore City, give exact location) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Up. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY

NOT WHILE

24C. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

1952 that I last saw the

ADDRESS

23c. DATE SIGNED

from the causes and on the date stated above.

24D. LOCATION (City, town, or county

WHILE AT

WORK

195 and that death occurred at_

22. I hereby certify that I attended the deceased from \$2

REGISTRAR'S SIGNATURE

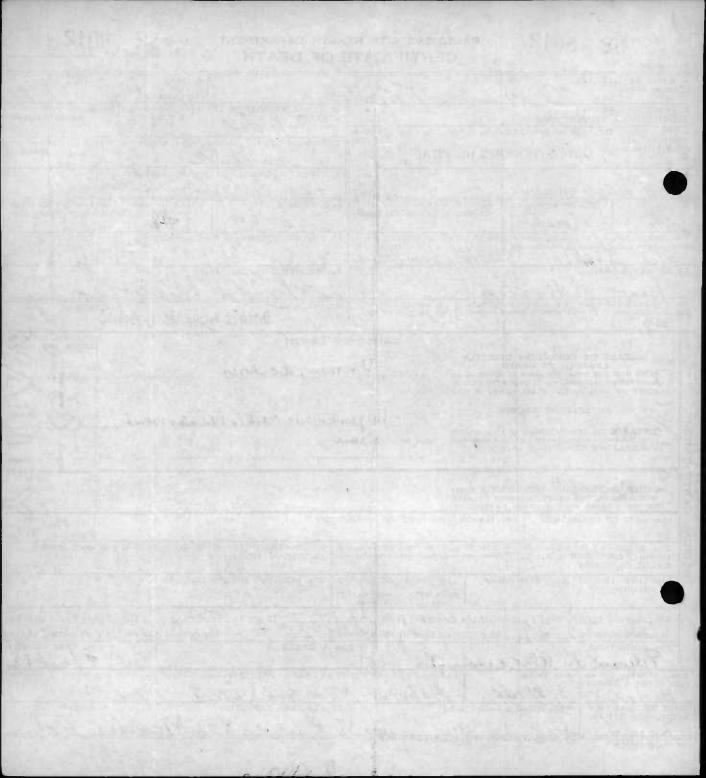
deceased alive on 8

234 SIGNATURE

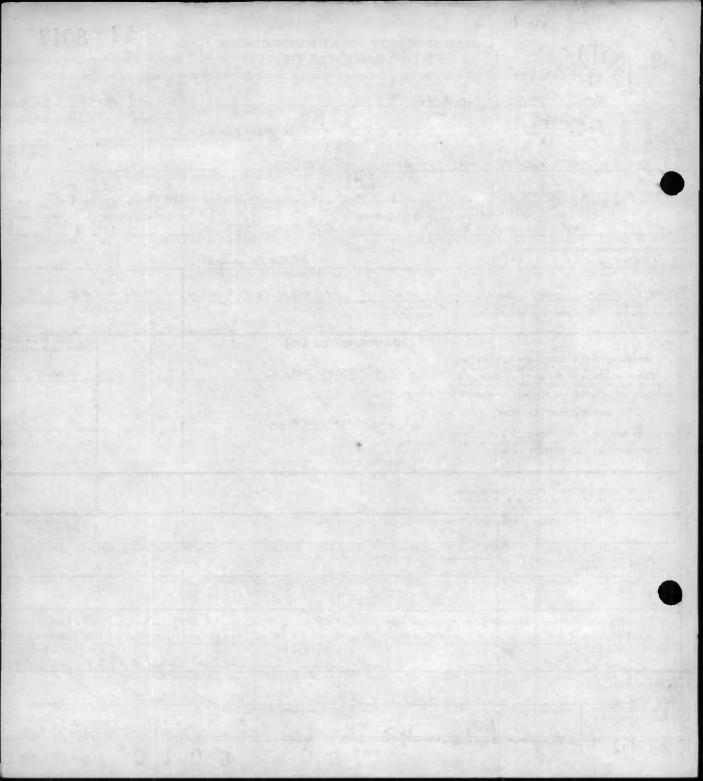
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial DATE RECEIVED BY

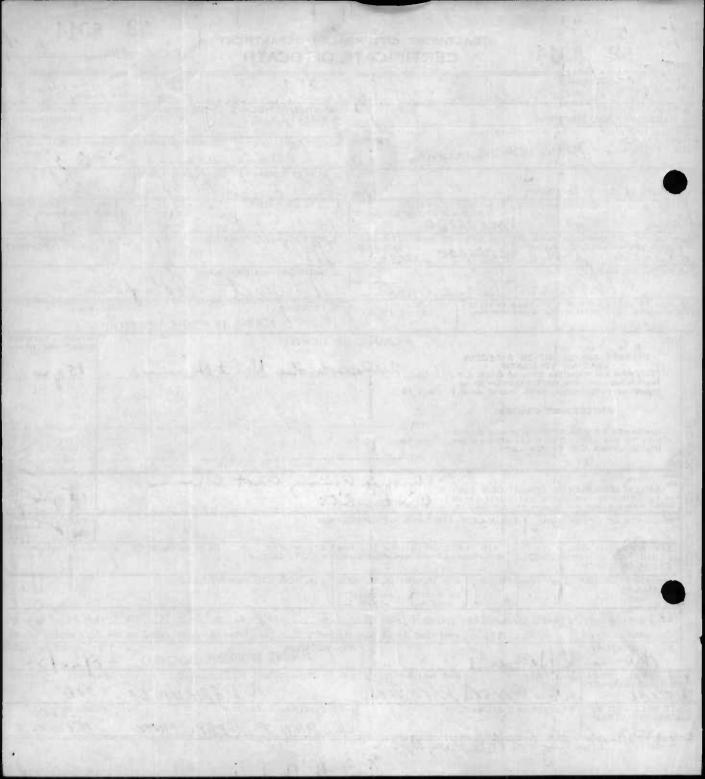
LOCAL REGISTRAR



	K-5	40				52	8013
ВІ	52 ₀ . 8	013-20	761		E OF DEATH	Registered No.	
(T	NAME OF D ype or Print)	BABY BO	y KI	MHEL		2. DATE OF DEATH 28 A	uc. 1952
3.	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (Wh	ere deceased lived. If ins	titution: residence before admission)
В.	FULL NAME		ital or institut	tion, give street address or	NEW BOR.	v ·	
	STITUTION			location)	C. CITY OR TOWN (If or	utside corporate limits, w	rite RURAL and give
14	4 UNIO	N MEHIORI	AL HO	SPITAL.	D. STREET ADDRESS (If ru	and of the benefit and	
		tay in Baltimore		Mos. / Days	3521 Hickory	fue 13	-06
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH Q	9. AGE (in years of bid last birthday) Month	er I Year H Under 24 Hours 8 Days Hours Min.
10 work	done during most o	CUPATION (Give kind of working life, even if retired	10B. KINI	O OF BUSINESS OR INDUSTRY		eign country) 12	CITIZEN OF
12	FATHER'S N	BORN			MARYLAND		459
					14. MOTHER'S MAIDEN NAM		
15	EORGE. WAS DECEASE	WILLIAM L	DEODCEST A	16, SOCIAL	MARCARET YIO.		
(Yes	, no or nuknown)	(If yes, give war or dat	os Of service)	SECURITY NO.	17. INFORMANT	1254. W	RESS
	18. 7/. 7	5		CALISE	OF DEATH	mll 3321 Nu	INTERVAL BETWEEN
	DISEAS	E OR CONDITION			O. DEBIN		DNSET AND DEATH
	(This does	not mean the mode	of dying, c. 1		LECTASIS		1 day.
		rc, asthenia, etc. It me complication which					
		ANTECEDENT CAU	SES	0.00			
TION	DISEASES	OR CONDITIONS,	IF ANY, GIVII	VG (B)	MATURITY	***************************************	
	UNDERLY	HE ABOVE CAUSE (A	STATING TI AST.				
RTIFICA				(C)			•••••
E	OTHER S	II IGNIFICANT COND	ITIONS CO	M -			
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ED			
7				FINDINGS OF OPER	RATION		20. AUTOPSY?
CA							YES ND
MEDICA		ENT WAS UNDER. R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		in Baltimore City, glvc	exact location)
	INJURY	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby	y certify that I at	tended the	deceased from 27	Aug. 1954, to 28 rred at 8 = Am., from the 23B. ADDRESS	Harg , 195 4	hat I last saw the
	deceased al	ive on 27 4 ag	, 19 52,	and that death occur	rred at 8 - Am., from the	causes and on the	date stated above
	23A. SIGNAT	100m.	2				3c. DATE SIGNED
24	A. BURIAL, C	REMA- 24B. DATE		M. D. 6	(Injan hemous RY DR CREMATORY 24D. LOO	CATION (City, town, or	28 A4C . 195.
0	REMOVAL (S	8/25	7/50	Lanciell	Park mi-	low hi ll At	1
DA	TE RECEIVE		SSIGNATU	JRE	25 FUNERAL DIRECTOR	Al	DDRESS
	CAL REGIST	He si t	War	1450	Bul Clohenous	To 3615-17 61	astrub fue
UE	281952	Huntings		1 7 5	20000	010	



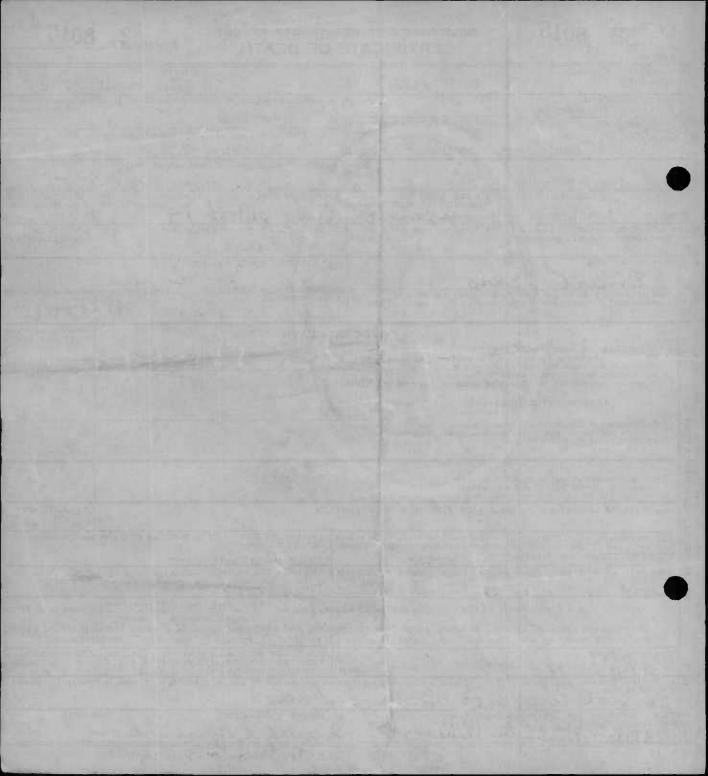
F-620	52	8014
	E OF DEATH Registered No	
1. NAME OF DECEASED dillian Fer	rie Hennley DEATH Dug.	26,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		write RURAL and give
C. ength of stay in Baltimore . Yrs. Mos. Days	D. STREET ADDRESS (If rykal/give/gration)	St.
emale White MARPIED MARPIED MARRIED MARRIED MARRIED MARRIED	8. DATE OF BIRTH 9. AGE (in years list birthday) Mont	der I Year If Under 24 Hours hs Days Hours Min.
104. USUAL OCCUPATION (Give king) 108. KIND OF BUSINESS OR INDUSTRY FACTORY WORKING HIE, even if retired) LOGGOGE LINER.		2. CITIZEN OF WHAT COUNTRY?
13. FATHER GLAME Thomas Personnette	Margaret Holida	4
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL	RESS
4200	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	osclavtu Heart Orison	15 400
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)		
E II Chamie I	wing tract Dream	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	e't;	15 yrs
	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.,		
D. TIME (Month) (Day) (Year) (Hour) Day (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT W		
22. I hereby certify that I attended the deceased from 8.		that I last saw the
deceased alive on 8 /2 9 1952 and that death occur	rred at 95 m from the causes and on the	
Monar Rhendrid M.O.	23B. ADDRESS HOPKINS HOSPITAL	8/26/52
248. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL AUG 29-1951 PARKWOOD	PARK VILLE	MO
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS 200f
6 28,1952 Huntington Williams, M.	ULLRICH PUNERAL HOME	ORLEANS ST
0 69	10 6 Xn ,	



4-	20	8015	
M	5.2	8010	

BALTIMORE CITY HEALTH DEPARTMENT 52 No. 8015

8	IRTH NO.		C	ERTIFICATI	E OF DEATH	Registere	d No.
	NAME OF D	ECEASED	HENRY	LEWIS		2. DATE OF DEATH AUS	rust 26, 1952
3.	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W		
В.	FULL NAME OSPITAL OR ISTITUTION		al or institution,	give street address or location)	Maryland		mits, write RURAL and give
	- IOTHOR	South Bal	Ltimore Ge	eneral Hosp.	Baltimore		township)
	ength of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If 1	rural, give location) nover Stree	72-11
5.	SEX	6. COLOR OR RACE	7. SINGLE, M		8. DATE OF BIRTH	9. AGE (In years)	
10	male	colored		Single	aug, 31, 1932	19	
worl	done during most of	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF	BUSINES OR INDUSTRY	11. BIRTHIPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME , Q			14. MOTHER'S MAIDEN NA	^	
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	wis	COCIAL	Bernot	1200m	
	s, no or unknown)			SECURITY NO.	Bernier B	novne 9	ADDRESS Hanvow
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED						ONSET ANO OEATH
L C	19A. DATE O	F OPERATION 1	98. MAJOR FII	NDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	UTING C	AL CAUSE WAS ON CONTRIBUTE OF DEATH. Month) (Day) (Year)	about home, farm, ha: (Hour) 21E.	OF INJURY (e.g., in factory, atreet, office bidg., e	Near Pensicola 21F. How Did INJURY	Pier	y, give exact location)
L	August	26, 1952 5:4		RK L AT WORK L			
	the evi	dence obtained by ath in my opinion	said Autopsy resulted from	i, Inspection or I i: natural causes	nquiry, find that said de , accident , suicide 23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	inspection or Inquireceased died on , homicide , sexaminer	the day stated above, undetermined 23c. DATE SIGNED August 27, 1952
	Removation of the Received	al aug	29.57	Richmo	25. FUNERAL DIRECTOR		ADDRESS
	2 8 1957	Har Hiertings	ton Wittis	was, Mg?	\cap	round &	on /
V	S 151 1 1	000		and 2"5 ES	IN ONE MARTINE	e Dagage	W V



correct age : especially important. Physicians:

BALTIMORE CITY HEALTH DEPARTMENT \$2273 CEPTIFICATE OF DEATH

Registered No. 8016

OS SOTO	Of BEATH	
I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State MC (b) County	>
(b) Street address 8 C Men M	(a) State (b) County	,
(c) Hospital of institution:	(c) City or town SA-11 10 SE	2
Jales . Cuy yras	(If outside city or town limits, write RURAL	and give town)
Length of stay in hospital or inst. (yrs., mos., or days) 5.9	(If rural give location)	AVS
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) Effizen of foreign country?	
	If yes, name country	
3 (a) FULL NAME Genge Dewey P	olsen	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	Quad
No.		8-40A
5. Color or rece 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above some ed deceased from 4.4	d;/hat lattend-
(b) Name of husband or wife	and that I last saw h daive on 8 7 19	154
6 (c) If álive, give age years	Immediate cause of death.	Duration
7. Birth date of deceased (mo., day, yr.)	Cerebrorsenlar	5
B. AGE: Years Months Days If less than one day	accident	
55 hrhr.	Due to	
9. Birthplace	14 yyroo caaba 2	
(Town, county, and state)	Due to	
10. Usual Occupation	Other Conditions.	
y 3	Other Conditions.	
12. Name	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace	Major findings of operation:	Underline the
14. Maiden Name	iviajor inidings of operations.	death should be
15. Birthplace		charged statis- tically,
16 (a) Informant	22. If death was due to external causes, fill in the following	lowing:
b) Address	(a) Accident, suicide, or homicide	***************************************
(a) (b) Date thereof	(b) Date of occurrenceat	M
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?(City or town) (Count	y) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial p	.,,
Location UNIVERSITY MEDICAL SCHOOL AUG 1 8 1952	place?	?
18 (a) Funeral director untington Vellacus MD	(e) Means of injury	1
(b) Address	23. Signature Www.	My
19 (a) AUG 28 1952 Huntington William M.		M./D.
(Date rec'd by registrar)	Address Date sign	ed. 8/1/
VS 159	199 an 17	11/52



INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

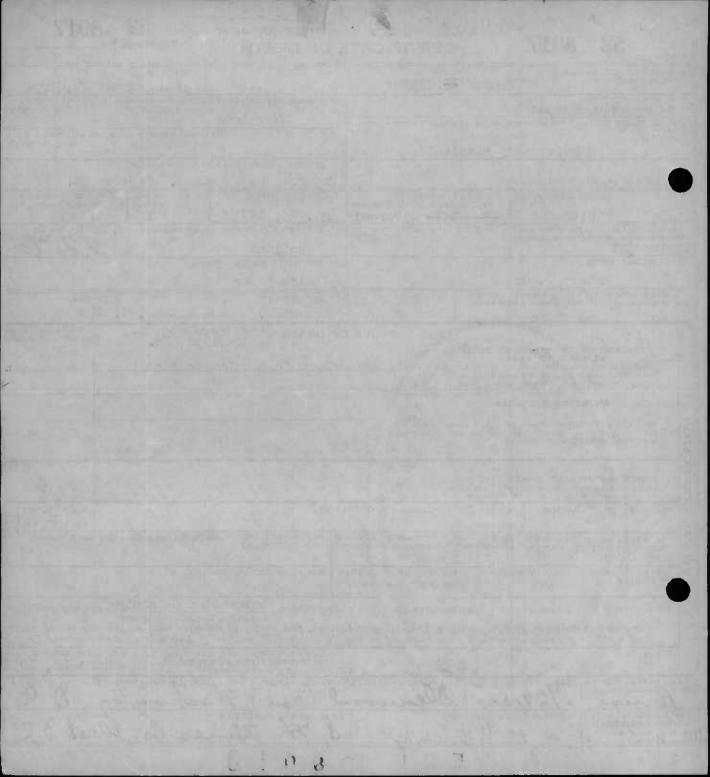
Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

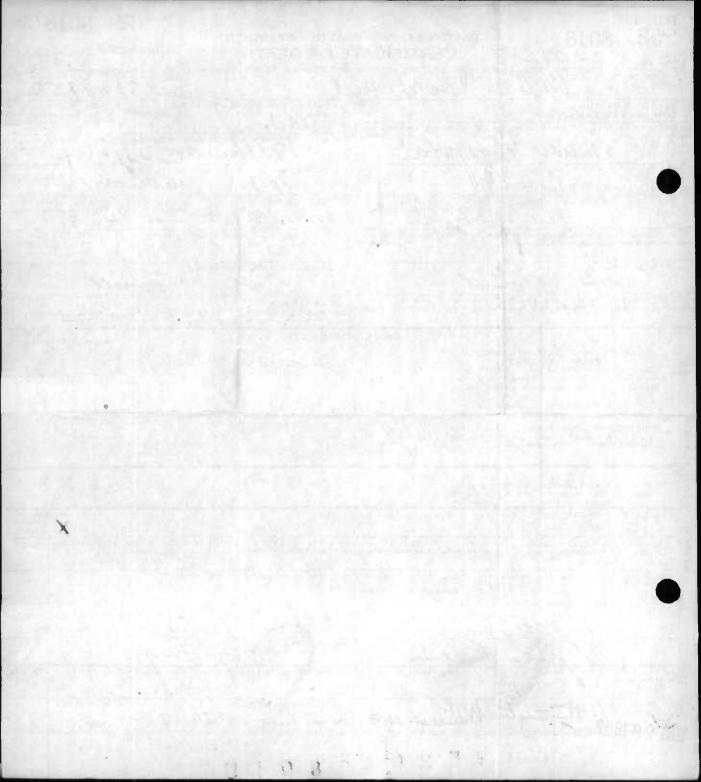
If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

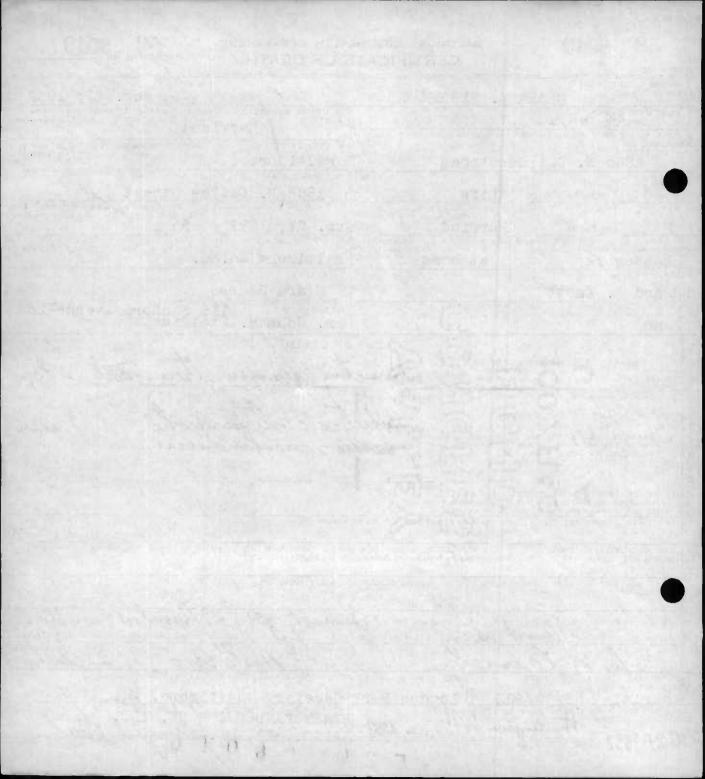


	4-12		ERTIEL(TED		8017
В	ON HTRI	2 8017		CERTIFICATI	E OF DEATH	Registered	No
1. NAME OF DECEASED (Type or Print) THOMAS E. GIBBS						2. DATE OF DEATH AUGU	ust 27, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION					Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
University Hospital Yrs.					D. STREET ADDRESS (If rural, give location)		
ength of stay in Baltimore Mos. Days					Payette Hotel, 414 W. Payette St.		
5. SEX 6. COLOR OR RACE white			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug. 25, 1881	9. AGE (In years last birthday) M	ti Under 1 Year If Under 24 Hours Onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist			108. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or) Scotland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME		
Robert S. Gibbs					Helen Brown		
(Yes, ao or unknown) (If yes, give war or date			D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ERTIFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.				ATION		20. AUTOPSY?
EDICAL	21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
M							
	22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural eauses \(\) accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23a. SIGNATURE Assistant Medical examiner						
Burnol 8/29/52 Denurol Community 240. Date (State)							
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR							
V	S 151	Thursday	()	7 2 0 07	262011		V



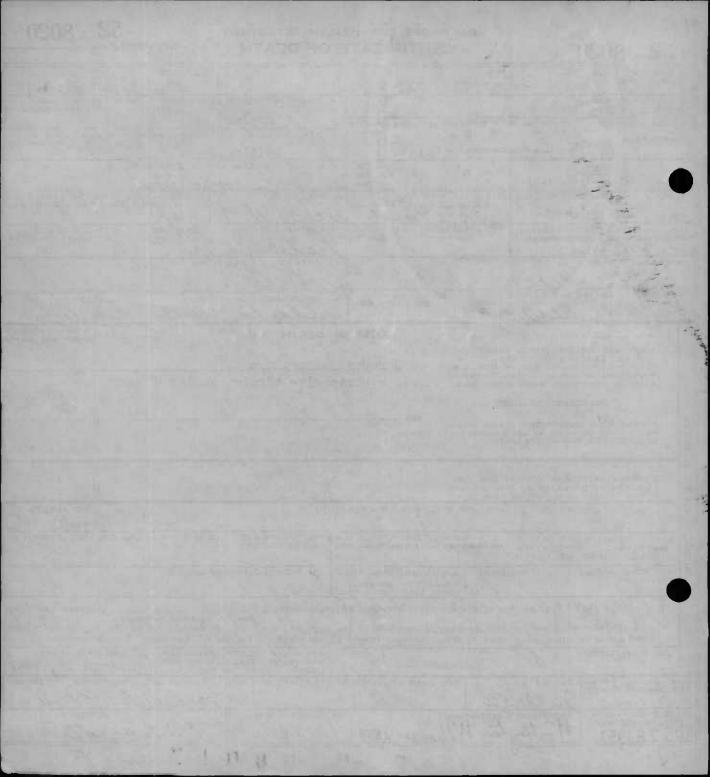


. NAME OF DECEASED	2. DATE
Type or Print) CLARA A. MERRYMAN	DEATH Aug. 27, 1952
B. PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland before admission
FULL NAME OF (If not in hospital or institution, give street address or Iocation)	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv
1806 N. Dallas Street	Baltimore Stownship
Yrs, Mos.	D. STREET ADDRESS (If rural, give location)
. Length of stay in Baltimore Life Days	1806 N. Dallas Street
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years) if Under I Year It Suder 24 Haum last birthday) Months: Days Hours; Min
F W Married	Apr. 21, 1897 55
OA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housework at home	Baltimore Co.Md. USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward T. Knott	Clara Beares
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. John J. Fielding
	IMTERVAL BETWEE
18. 443X	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tion of all
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ting aneurysus, Moraci è aorta 2 days
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES ///	tunir arteriocherotic 7 years
(B) Aypli	monor arteriosclerotic years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO COMMISSION OF THE DUE TO COMMISSION	in-vos cular disease
UNDERLYING CONDITION LAST.	0 // 0.00 (0.00)
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., ir HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location)
HOWITOPE (Specify)	HOURT GOOGLE
p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	27 Augustin 52
22. I hereby certify that I attended the deceased from I	annary, 1951, to 27 August, 1957 that I last saw the red at 9 Am., from the causes and on the date stated above
	3B. ADDRESS 23C. DATE SIGNED
1 1 W 12 - 12 1	6316 North Are 28/140.5
44. PURIAL CREMA 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)
ON, KEMOVAL (Specify)	
burial 8/30/52 Loudon Park	Comphany Delatage Ma
OCAL PEGISTRAP REGISTRAR'S SIGNATURE	Cemetery Baltimore, Md.



BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY H	IEALTH DEPARTMENT 52 8020
	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) ARTHUR COOPER	2. DATE OF DEATH August 27, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF I f not in hospital or insutution, give street address of HOSPITAL OR location INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Provident Hospital Yrs. Mos.	
Days S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	1321 Argyle Avenue 8. DATE OF BIRTH 9. AGE (In years) It Under 24 Hours
male colored WIDOWED, DIVORCED (Specify 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR	Wef.30 1889 62
work done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) Ledsburg Ya?
13. FATHER'S NAME	14. MOTHER'S MAUDEN NAME
15 WAS DECEASED EVER IN S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, the war or dates of service) SECURITY NO.	17. INFORMANT COTKEN 1321 Maybe Cox
DISEASE OR CONDITION DIRECTLY	OF DEATH STATE AND DEATH
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO hype ANTECEDENT CAUSES	rtensive cardiovascular disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Total Date of Chemistry 1995, Mason 1 Montes of Chemistry	YES X NO
U 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB. about home, farm, factory, atreet, office bldg. UTING □ CAUSE OF DEATH.	
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK	
22. I certify that I took charge of the remains described the cvidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above.
23A. SIGNATURE PAPERSON	A.D. MEDICAL INVESTIGATOR
24A. BURIAL. CREMA: 24B. DATE TION, REMOVAL (Specify) DATE BECELVED BY CHARGE 124C. NAME OF CEMETIC CHARGE 124C. NAME OF CE	Stevensville Md.
DATE RECEIVED BY PRESISTRAR'S SIGNATURE HUNLINGTON Williams MS.	Mrs. Poher a Ellitor Daughter
V S 151	0 0 0 8/29 n. Chirling St.



52 8021 BALTIMORE CITY HEALTH DEPARTMENT 8021 Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If fistitution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or logation) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (Latownship) OR D. STREET ADDRESS (Il rurai, give location) Mos c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) MARK IED 10A. USUAL OCCUPATION (Glyckindof) BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? BALTIMORE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 2 3 (Yes, oo or uoknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotis cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, Disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from Aug. 25 , 19 52 to Aug. 26, 1952 that I last saw the deceased alive on Aug. 2619 52 and that death occurred at 7:25As, from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 3023 Eastern Ave. 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR AUG 28 195

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED (Type or Print) Baby Boy Hatten DEATH August 18-1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore City Hospitals (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1741 Ashland Ave. c. bength of stay in Baltimore zone 5 Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | M Under | Year | M Under 24 Hours last birthday) | Months; Days | Hours: Min. WIDOWED, DIVORCED (Specify) Single August 13- 1952 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Hatten Emma Rich 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN Baltimore City Hospitals (Yee, no or unknown) SECURITY NO. Records: 4910 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Prematurity (This does not mean the mode of dying, e.g., life heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH JD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 8-13-19 52 to 8-18-_, 1952, that I last saw the 8-18-1952 and that death occurred at 5PMn., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave., Baltimore, Md. 8-26-52 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE gton Williams, MS 25. FUNERAL DIRECTOR 1940 Eastern Ave. Balto Nd. Cremation 8-20-52 DATE RECEIVED BY LOCAL REGISTRAR VS 150

- L-JA SALL CHICKEN January Lat

WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from 8-13-

19 52 and that death occurred at AM m., from the causes and on the date stated above.

deceased alive on 8-18 23A. SIGNATURE 4940 Eastern Ave., Baltimore, Md. | 8-26-52

24A. BURIAL, CREMA-TION, REMOVAL (Specify) ZAC. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Cremation 8-20-52

B. Caty Hospitals Crematory 4940 Eastern Ave. Balto. 24, M

25. FUNERAL DIRECTOR

ADDRESS

RTIFICATION

DICA

1952 to 8-18- , 19 52 that I last saw the

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DATE RECEIVED BY

LOCAL REGISTRAR

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7	55		
0	52 8025 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT Registered No.	8025
31	RTH NO.	E OF DEATH	
	NAME OF DECEASED BENJAMIN	TOFFMAN 2. DATE 8-2	8-52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst a. STATE B. COUNTY	itution : residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR		nia- DTIDAT and mino
7	STITUTION 3308 Sumter We	Lattinge 2) - (bwnship)
.(igth of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location)	Twe.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (in years) Il Undo	
1	vale white married (Specify)	last hirthday) Month	Days Hours Min.
C	A USUAL OCCUPATION (Give kind of done duries, most of working life, oven if retired)		CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Leorge	auna	
5	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. s. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17/INFORMANT // ADDE	RESS
	Yes 4 war I 212-18-03361	Isabel Hotsman -	Hame
	18. 42011 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ha la de adain i a	40 %
İ	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	My augres (regotoraise	7.8 24 3 .
	injury or complication which caused death.) DUE TO	infortan ,	
	ANTECEDENT CAUSES	160 - 100	134.00
	DISEASES OR CONDITIONS, IF ANY, GIVING	wrette correct was	137/10
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Libertonis.	
)	(C)		
-	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
5	Late Black of which (210 WHERE DID. (II in Political City)	YES NO
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, form, factory, street, office bldg.,		exact location)
=	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?	

21D. TIME (Month) (Day) (Year) (Hour)

NOT WHILE WORK

22. I hereby certify that I attended the deceased from and that death occurred at 3 deceased alive on

23A. SINATURE

BURIAL, CREMA-24B. DATE

REGISTRAR

RECEIVED BY

24C NAME OF CEMETER

23B. ADDRESS

DIRECTOR

24D. LOCATION (City, town, or county)

_m., from the causes and on the date stated above.

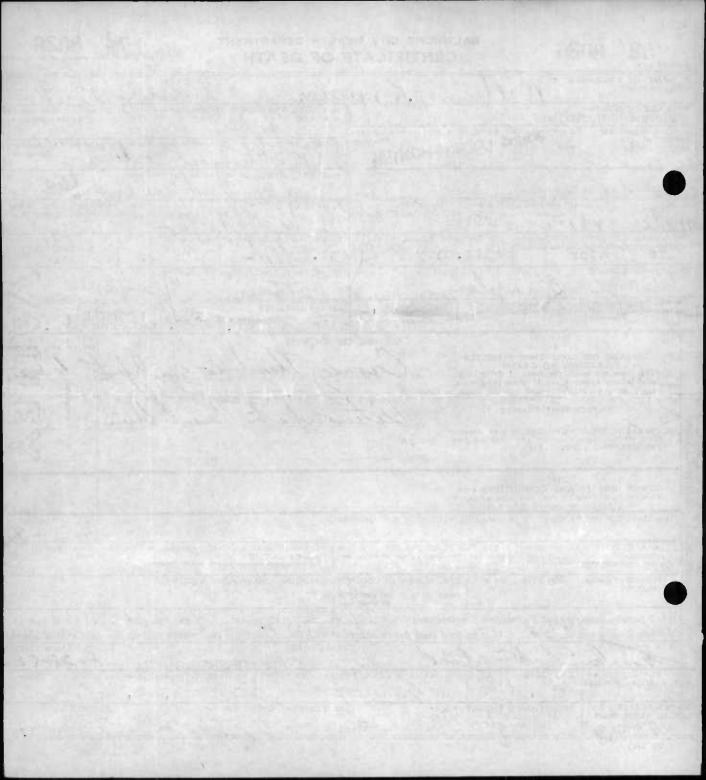
DDRESS

, 19 That I last saw the

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1	1 4						
	0.7	0000	E	BALTIMORE CITY HI	EALTH DEPARTMENT	52 Registered No.	8026
		8026		CERTIFICAT	E OF DEATH	Registered No_	3020
_	NAME OF DE	CEACED				12 DATE	
	ype or Print)	CEMBED -	Will	jan II Kan	nlos	2. DATE OF	18 1900
3.	PLACE OF DE	ATH:	nu	an Halab	4. USUAL RESIDENCE (V	Vhere deceased lived, if inst	itution: residence
Α.	Baltimore C	ity, Marylan			A. STATE	B. COUNTY	before admission)
	FULL NAME O	OF (If not in	Tospital or inst	itution, give street address or location)	C. CITY/OR TOWN / US	outside corporate limits, w	rita DIIDAI and siva
IN	STITUTION		TO TIC	PKINS HOSPITAL	1 and	outside toi porate initias, wi	township)
-5				Yrs,		rural, give location)	0
		na in Dalaina		Mos.	C LI h	11. 0.	, Us
5.	the second second	ay in Baltime	RACE 7. SIN	GLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In Flars) If Under	1 Year If Under 24 Hours
n	2000	ratif	Warr	OWED, DIVORCED (Specify)	9-11-1899	last birthday) Months	
10	A. USUAL OCC	CUPATION (Give			11. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF
worl	done during most of	working life, even if	retired) Balt	o.City Fire	1. 1/1	oreign country)	WHAT COUNTRY?
	FATHER'S N		1 10000	O.O.T. T. T. T.	- , , , , ,	1111	
1~	1/1000	O X	and	7	14. MOPHER'S MAIDEN N	MENDONADA	
1.5	Jerry	2	appl		1 alperene	, peage	
(Ye	, no or unknown)	(If yes, give war	or dates of service		17 INFORMANT	HORNING HORPIT	RESS
				S	adie Kappler 9	4HOTKIN Luzern	e Ave.
	18. 420	11 .		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDIT		LY	71	. 2 11-	4/1
	(This does	not mean the	mode of dying,	e. g., (A)	ray / Monton	o- My Spech	O hes.
	injury or	e, asthenia, etc. complication w	hich caused de	eath.) DUE TO	//	0	
		ANTECEDENT	CAUSES	/ /	2111		
Z	1960 1960			(B) lile	cio Veleva ()	seul Orun	
NOIL		OR CONDITION					
	UNDERLY	ING CONDITIO	ON LAST.	(C)			
RTIFICA				<u>``</u>			
E	OTHER SI	GNIFICANT C	CONDITIONS	CON.			
ш	TRIBUTING	TO THE DEATH	. BUT NOT REL	ATED			
U		F OPERATION	The second second	OR FINDINGS OF OPER	RATION		20, AUTOPSY?
AL	TOM BATE OF		0		Will the state of		YES NO X
DICA	21A. ACCIDE	ENT WAS UND		PLACE OF INJURY (6. g.,		If in Baltimore City, give	
	LYING OR	CONTRIBUTI	NG about he	ome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ		Month) (Day)	(Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
	INJURY			WHILE AT NOT WHILE			
			n	n. WORK L. AT WORK	/	(128 07	
		7/-		the deceased from 8	2 2 1952, to		hat I last saw the
	deceased all		، د 19 ,	2, and that death occu	rred at /m., from t	he causes and on the c	late stated above.
1	23A, SILWAT	7	412	11/2/			SC. DATE SIGNED
2	A BURIAL C	REMA- 248. D	ATF	24c. NAME OF CEMETE	JOHNS HOPKI	OCATION (City, town, or	county) (State)
TI	AA. BURIAL, CON REMOVAL (SI	pecify) Sepi	,	New Cathedr		imore, Md.	
-	Burlal			The second secon	25. FUNERAL DIRECTOR		DDRESS
	ATE RECEIVED		TRAR'S SIGN	NH.	TO TONERAL DIRECTOR		
	70101	540	mengeror	- recuality - The	would N. /kup	THOI DIM	ondson Ave
	23 14			1 71			
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=	VS 150		0	5 /16	293		

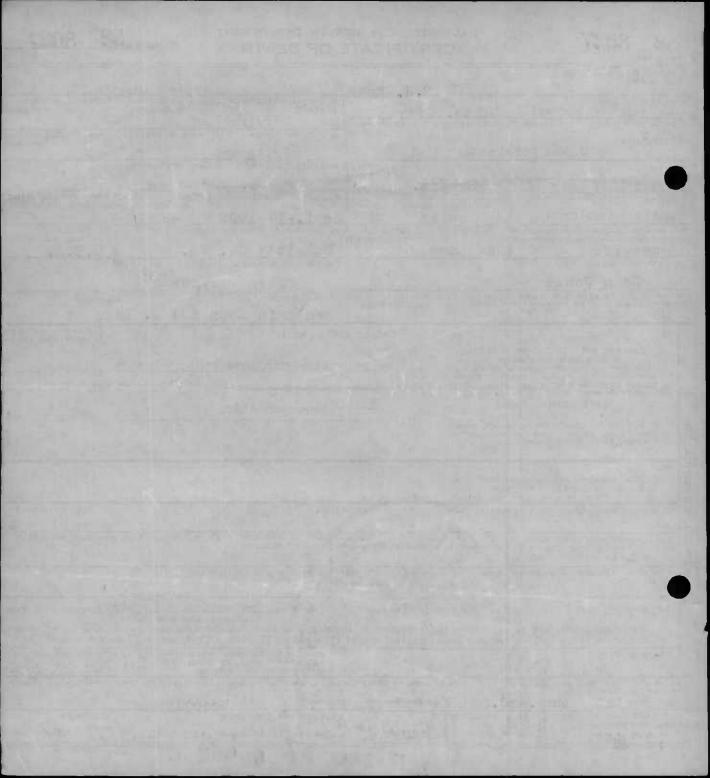


52	8027
IDTII NO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No	8027
egistered 1VO	77.150

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF	
	CARRIE B. J. Koon	DEATH Aug	
a. Baltimore City, Maryland	Balto, City	4. USUAL RESIDENCE (Where deceased lived, I a. STATE B. COUNTY	before admission)
HOSPITAL OR	ital or institution, give street address or location)		its write RURAL and give
Johns Hon	kins Hospital	Baltimore 5	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore	25 Yrs. Mos. Days	624 N. Eden Street	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years	if Under 1 Year If Under 24 Hours Ionths: Days Hours: Min.
female colored	Married (Specify)	Sept17-1909 42	lonens Days Hours Min.
TOA. USUAL OCCUPATION (Give kind of	1 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
work done during most of working life, even if retired)	At Home	Denwitty Co. Va.	WHAT COUNTRY
13. FATHER'S NAME	1 At Home	14. MOTHER'S MAIDEN NAME	1 U.D.A.
John Jones		Ellen Boysseau	
15. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SOCIAL		ADDRESS
(Yes, no or unknown) (If yes, give war or date	security No.	Benjamin Koon 624 N. Ed	
	CALIGE		INTERVAL BETWEEN
18. 44.2×		OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA		at a serial and a	
(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g., (A) HY POIL!	tensive cardiovascular diseas	<u> </u>
injury or complication which			-
ANTECEDENT CAU	ises Condi	ac decompensation	
Z DISEASES OR CONDITIONS,	(8)	10 (COOMPOSITION OF ONE	
O RISE TO THE ABOVE CAUSE (A)) STATING THE DUE TO		
UNDERLYING CONDITION L	(C)		
0			
OTHER SIGNIFICANT COND			
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION			
U 19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
4		Loss with the Art Day	YES NO X
V 21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		give exact location)
Z 21D. TIME (Month) (Day) (Year			
, moon	na. WHILE AT NOT WHILE		
22. I certify that I took char	rge of the remains described	above, held an inspection & inqui	Ty thereon and from
		Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on t	V
and death in my opinion	resulted from: natural cause	is \square , accident \square , suicide \square , homicide \square ,	undetermined [].
23A. SIGNATURE	1511-	238. CHIEF MEDICAL EXAMINER	
Walliam	NOTESTALLY N	A.D. MEDICAL INVESTIGATOR	ugust 27, 1952
24A. BURIAL, CREMA 24B. MATE	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town	n, or county) (State)
Burial Aug. 3	30.52 Mt Calvery	Eem. Brooklyn Md.	
	'S SIGNATURE	25 TUNERAL DIRECTOR	ADDRESS
ALIG 291052 Tunt	tugton Williams, My	Choy Wilson 1000 Bu	ntly and
V S 151	.0	0 0 0 0 0 0	



, le	* Moth	er states cor	rect bi	rthdate 4/1/29	9		1			
1	.9 00	195		TIMORE CITY HE		MENT		52	80	128
ВІ	RTH NO.	NICODEMU	ERSEL	CERTIFICATI	ESOF DEATH	-	Registere	ed No		
	NAME OF D ype or Print)	NICODEMU	S WILL	IAM WHITFIELD			2. DATE OF DEATH	ugust	27	, 1952
Α.	. PLACE OF DEATH: . Baltimore City, Maryland . FULL NAME OF (If not in hospital or institution, give street address				4. USUAL RESIDE A. STATE	NCE (WI	B. COUNTY			residence ore admission)
HO	HOSPITAL OR US Public Health Service location) INSTITUTION Wyman Pk. Drive & 31st Street				c. CITY OR TOWN		utside corporate l	imits, wr	ite RU	RAL and give township)
Yrs. C. Length of stay in Baltimore Yrs. Mos. Days					D. STREET ADDRES	'	rles stre	,		
5.	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. (ED. DIVORCED (Specify) Married	8. DATE OF BIRTH * 4/5/26		9. AGE (In year last birthday) 26	s If Under Months	Vear Days	Hours Min.
	k done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (S	tate or for	eign country)	12.	WHAT	EN OF COUNTRY?
13. FATHER'S NAME William Whitfield					14. MOTHER'S MAI Artie		M E.			J.S.A.
15 (Ye	. WAS DECEASE s, no or unknown) Yes	ED EVER IN U. S. ARMED (If yos, give war or dated WW2- USMC	FORCES?	16. SOCIAL SECURITY NO. 230-22-3616	17. INFORMANT Records- U	JS PHS	Hop ital	, Bal	to,	Md.
ERTIFICATION	(This does heart failu injury or DISEASE; RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	'H f dying, e. g ns the diseas aused death ES F ANY, GIVIN STATING TH	Bron. (A) Will (B)		cinoma	a with		ONSET	AL BETWEEN AND DEATH WKS
U	TRIBUTING	IGNIFICANT CONDI 5 TO THE OEATH, BUT ISEASE OR CONDITION OF OPERATION 1	CAUSING I	.D	RATION	•••••••••••••••••••••••••••••••••••••••		•••••	20.	AUTOPSY?
EDICAL		PENT WAS UNDER R CONTRIBUTING	218. PLA	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c, WHERE DI		in Baltimore Ci	ity, give	YES	No location)
Σ		(Month) (Day) (Year)	` '	21E. INJURY OCCURRENCE AT WORK		INJURY	OCCUR?			
	22. I hereb deceased a 23A. SIGNA	TUBE Con K.	19_52. Mill urgeon)//> M. D.	red at <u>7:30Am.,</u> 338. ADDRESS US PHS Hospi	from th		on the d	late st	ated above.
2:17	A BURIAL (S	0/24/1	952	JOY CEMETE	RY OR CREMATORY	Hor	CATION CUV, t	Y	ounty)	
L	CAL REGIST	RAR H	to	VH:	Mrs. Kati	R.L	Miliams	, Se	Live	Les de
T	VS 150	- I person	1 9	5200	75486 B1	2 5				

March.	400							
			DAI	THORE SITY U			52	8020
T.	2 80	29		CERTIFICATI	EALTH DEPARTMEN	NT Registere		UUNG
ВІ	RTH NO.			CERTIFICATI	E OF DEATH	aregistere.	u 110	
(T:	NAME OF D	Egnest	Cole			2. DATE OF DEATH	8/261	52)
	PLACE OF D Baltimore (City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institu	tion: residence before admission)
	FULL NAME	OF (If not in hospita	al or instituti	on, give street address or	md.	Ballo	-	
	STITUTION		11	location)	C. CITY OB TOWN	(If outside corporate li	mits, write	e RURAL and give township)
-		RANKLIN Dan	are H	osp, Ta	D. STREET ADDRESS		3	J Lames
c		tay in Baltimore		Mos. Days	1114 Sona	ann St.		
-	male	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1	Year H Under 24 Hours Days Hours Min.
10	dope during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	14. BIRTHPLACE (State	or foreign country)		ITIZEN OF
	Labo	18h		MBOSIKI	Balto Illo	96	2	HAT COUNTRY?
_/	hari	les Cole			Vahriell	NAMES		
15.	WAS DECEASE	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1 ,	ADDRES	SS _A
	No				Varabelle Ca	ce 1114 soul	ah.	ann so
	18. 42	0.1		CAUSE	OF DEATH		IIN	TERVAL BETWEEN
		SE OR CONDITION I	H	210	1.	. 1 +		, 1
	(This does heart failu	not mean the mode of re, asthonia, etc. It mean	f dving, e. g.	(A)	countly 1	nforcher		(of olding
	injury or	complication which co	auscd death.) OUE TO		/		
_		ANTECEDENT CAUS	ES	C.	mar II	D. Pari		3-2 1.
ATION	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)	Selver Zan			30 ang
	UNDERLY	ING CONDITION LA	STATING TH	E OUE TO Ser	evolised 1	Anterior les	nis	
음.		1		(C)	The state of the s			
RTIFIC	OTHER S	IGNIFICANT CONDI	TIONS CON				5.00	
CEF	TRIBUTING	TO THE OEATH, BUT I	NOT RELATED	0				

OTHER	SIGNIFIC	ANT CO	OITIONO	NS CON-
TRIBUTI	NG TO THE	OEATH,	BUT NOT	RELATEO
TO THE	OISEASE O	R CONO	ITION CA	USING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY1

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

21E. INJURY OCCURRED

21B. PLACE OF INJURY (e.g., in or

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

210. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from.

ferrag"

WORK AT WORK

1952, that I last saw the 1952. and that death occurred at 12 from the causes and on the date stated above.

23B. ADDRESS

23c. DATE SAGNED

24B. DATE

24A. BURTAL, CREMA-

deceased alige on o

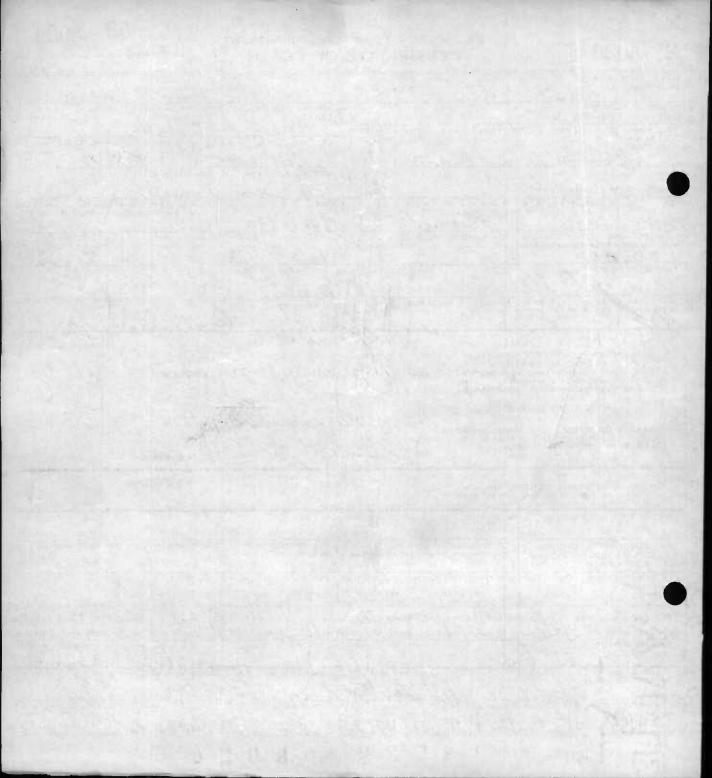
23A. SIGNATURE

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

VS 150

MEDICAL



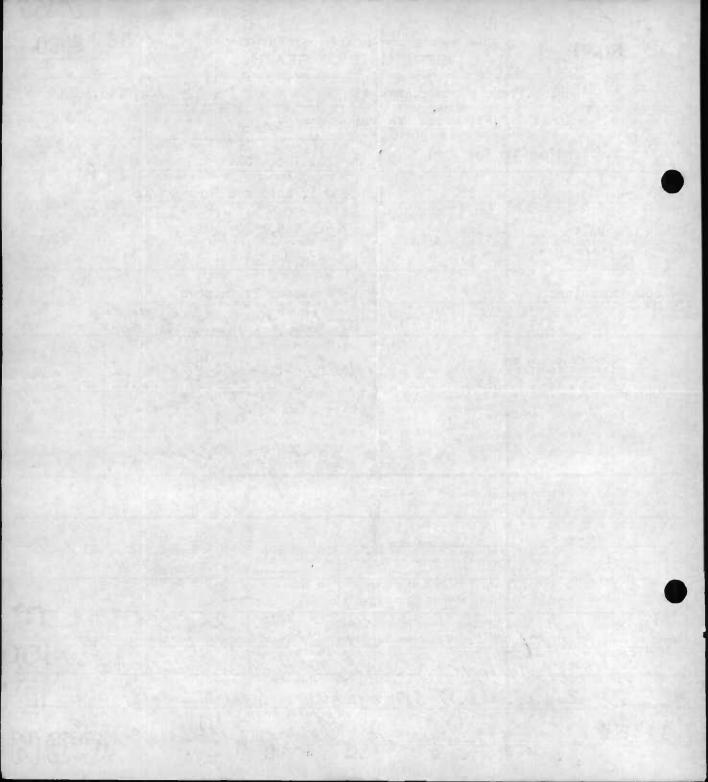
52 8030

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

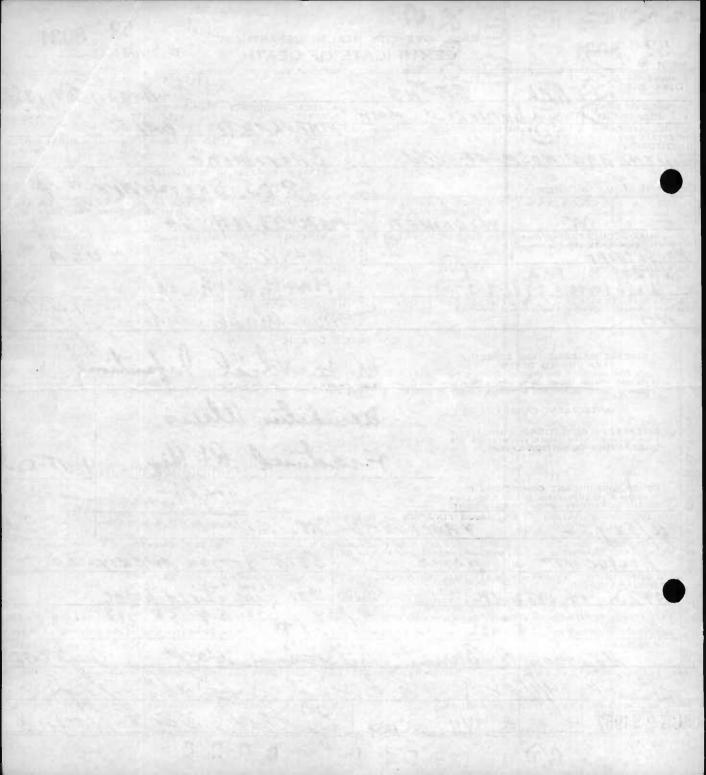
Segistered No. 8030

BIRTH NO.

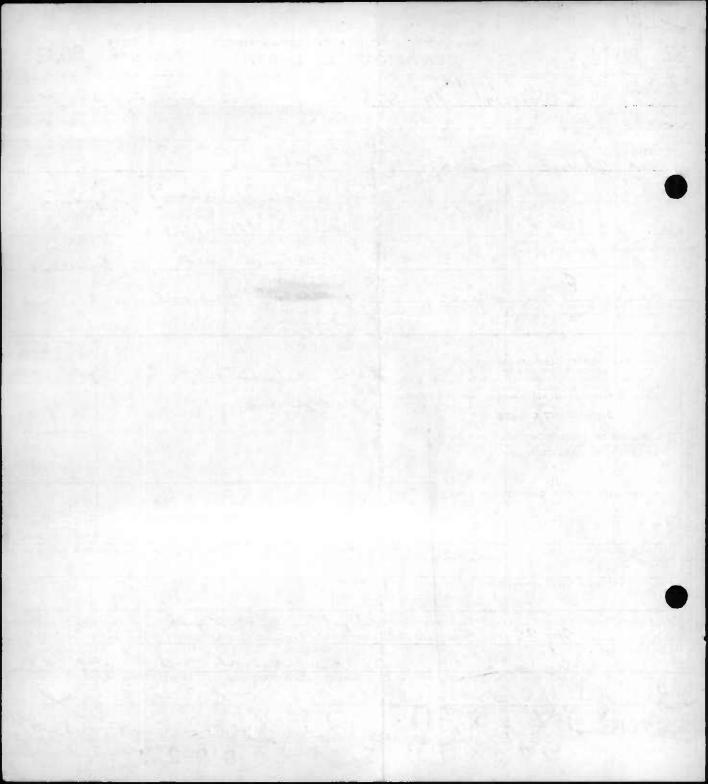
	The state of the s			
1. NAME OF DECEASED (Type or Print) Miss.Fr	rances Szczecinski		of Aug, 27th	h,1952
3. PLACE OF DEATH: a. Baltimore City, Maryland 130 b. FULL NAME OF (If not in hospital)	S. Patterson Prk Ave	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	titution : residence before admission)
HOSPITAL OR	location)		outside corporațe limits, w	rite RURAL and give
institutionSt.Joseph's Hom	e for Aged	Baltimore 31	1-0	township)
	Yrs.	D. STREET ADDRESS (If a	rural, give location)	
c. Length of stay in Baltimore	?? Mos. Days	130 S. Patterson	Park Avenue	
	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years If Unde	et 1 Year If Under 24 Hours
Female White S	widowed, divorced (Specify)	March 9th.1870	last birthday) Month	s Days Hours Min.
10A. USUAL OCCUPATION (Givekindof) 1	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		CITIZEN OF
ork done during most of working life, even if retired)	??	Barmin Poland		WHAT COUNTRY?
13. FATHER'S NAME	• •	14. MOTHER'S MAIDEN NA	AME	
Jacob Szczecinski.		Maryanna ?? Unl	mam	
15. WAS DECEASED EVER IN U. S. ARMED F	FORCES? 16. SOCIAL	17. INFORMANT	120 200-100	nees M.
Yes, no or unknown) (If yes, give war or dates of	f service) SECURITY NO.	ST. Joseph's No	nue for ages	f and
18. 4-20.1	CAUSE	OF BEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI		1. 0	Mm 1	ONSET AND DEATH
(This does not mean the mode of	dying, e. g., (A)	mener	May	2 day
heart failure, asthenia, etc. It means injury or complication which cau			111	10
ANTECEDENT CAUSES		va culas	when!	9 /2
ARTECEDENT CAUSES	(B)		4	/
DISEASES OR CONDITIONS, IF A	ANY, GIVING	1 1 1	- 1	***************************************
UNDERLYING CONDITION LAST		Mary 1	EOUX,	
	(c)		7	/
11		/		
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO	OT RELATED			
TO THE DISEASE OR CONDITION C	A SHARE WAS A SHAR			
194. DATE OF OPERATION 0 198	B. MAJOR FINDINGS OF OPER	ATION		YES NO
21a. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e. g., in	or 21c, WHERE DID (I	f in Baltimore City, give	
LYING OR CONTRIBUTING	about home, farm, factory, street, office hldg., et	tc.) INJURY OCCUR?		
TIME (Month) (Day) (Year) (H	Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I atten		0 1 100	w/ + 70 +	hat Hast saw the
deceased alive on 11/	1967, and that death occur		he cluses and on the	
23A. SIGNATURS	12	3B. ADDRESS A		23c. DATE SIGNED
1 / to or 1 d	unicka M.D.	FOOM by Weer	111/1-8	7-111
24A. BURIAL CREAA- 24B. DATE	24C. NAME OF CEMETER		CATION (City, town, or	county) (State
Burial ang 30-	1953 JT. STANIS	LAUS K300	Sundalk !	are.
DATE RECEIVED BY REGISTRAR'S	SIGNATURE.	25. FUNERAL DIRECTOR	AI AI	DDRESS
AUG 291952 Tluntin	aton Villiacus, MS	Veorge /	Weber 7050	S. ann ne
VC 150			7	



220			52	8021
52 8031.	CERTIFICATI		Registered No.	0031
I. NAME OF DECEASED (Type or Print) PEARL	SACHS		2. DATE OF DEATH AUGUS	128,1952
S. PLACE OF DEATH: A. Baltimore City, Maryland LU B. FULL NAME OF (If not in hospital	THERAN HOSP or institution, give street address or	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If insti	tution : residence before admission)
HOSPITAL OR INSTITUTION HOSP.	of Md.	BALTIMOR	outside corporate limits, wi	rite RURAL and give township)
c. Ongth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location) EFTONAVE	#14
5. SEX 6. COLOR OR RACE 7	V. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) Months	
10A. USUAL OCCUPATION (Give kind of lover done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of for	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME FA	11	14. MOTHER'S MAIDEN NA	A. Id	
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or paknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ALLA	Shel ADDR	ES9 5815
ACCIDENT, SUICIDE, HOMICIDE (Specify) ACCIDENT 21D. TIME (Month) (Day) (Year) (FINJURY) APRIL 17, 1952 22. I hereby certify that I attended deceased alive on Aug 18, 23A. SIGNATURE	dying, e. g., the disease, sed death.) DUE TO S ANY, GIVING TATING THE ONS CON- DT RELATED AUSING IT. MAJOR FINDINGS OF OPER PROTURED 218. PLACE OF INJURY (e. g., ir bout home, farm, factory, street, office bldg., e WHILE AT NOT WHILE AT WORK ded the deceased from 4 19.52, and that death occur	a or 21c. WHERE DID (If tc.) INJURY OCCUR? ED 21f. HOW DID INJURY FEI 1952 to Au	FOR ASST. MEDICAL EXAMINATION BAILIMORE City, give The AVE #14 PCCUR? THE ROOM AVE #14 PCCUR? THE ROOM AVE #14 PCCUR? THE ROOM AVE #14 PCCUR?	exact location) - BALT. at I last saw the
24A. BURIAL, CREMA- TION, PENOVAL (Specify)	V Parker	oad L	Tally town, or e	nol
AUG 29 1952 Huntington	Williams M52	25. FUNERAL DIRECTOR	5305 7	actors
N 8 20.1	1 9 5 2 0	00802	8	



261	*					
52 863211 787 CERTIFICATI	E OF DEATH Registered No. 8032					
1. NAME OF DECEASED Karen Mc Gary	2. DATE OF DEATH Aug. 28 1952					
3, PLACE OF DEATH: A. Waltimore City, Maryland	4 USUAL RESIDENCE (Where deceased lives of institution; residence a. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
ma general Hospital	Baltimore township) D. STREET ADDRESS (If rural, give location)					
Ingth of stay in Baltimore	8366 Hillendale Re.					
5. SEX 6. COLOR OR RACE 7. SINGLB. MARRIED. WIDOWED, DIVORCED (Specify)	3 /95/ 9. AGE (In years of Under 1 Year of Under 24 Hours of Min. 14 hours of Under 24 Hours of Min. 14 hours of Min.					
10A. USUAL OCCUPATION (Give kind of work done during morking life, even if retired) Child	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	M. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Tolores C. Harroll					
(Yee, no or unknown) (If yes, give war or date of service) SECURITY NO.	17. INFORMANT ADDRESS					
18. 571:0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
ANTECEDENT CAUSES	upyrexa					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, U (B)						
[E]						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER						
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in about home, farm, factory, atreet, office bldg., e						
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR						
FINJURY (Month) (Day) (Teat) (1001) WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from deceased alive on 1952 and that death occur	g. 28, 19 1, to by 28, 1954 that I last saw the rred at 10:29 fm., from the causes and on the date stated above.					
	38. ADDRESS 23c. DATE SIGNED					
24a. By RIAL CREMAY 24B. DATE 24C. NAME OF CEMETE TION REMOVAL Specific	Mr. General Horse Day 28 5°2 EYDR CREMATORY 24D. LOCAPION (City, type, or county) (State)					
Decreal 8/30/52 Holy K	elemen Sals ms					
DATE RECEIVED BY REGISTRA'S SIGNATURE LOCAL REGISTRAS HINTERIAL WILL 25. DINGRAL BURDETOR ADDRESS ADDRESS ADDRESS						
VS 150	20008022					

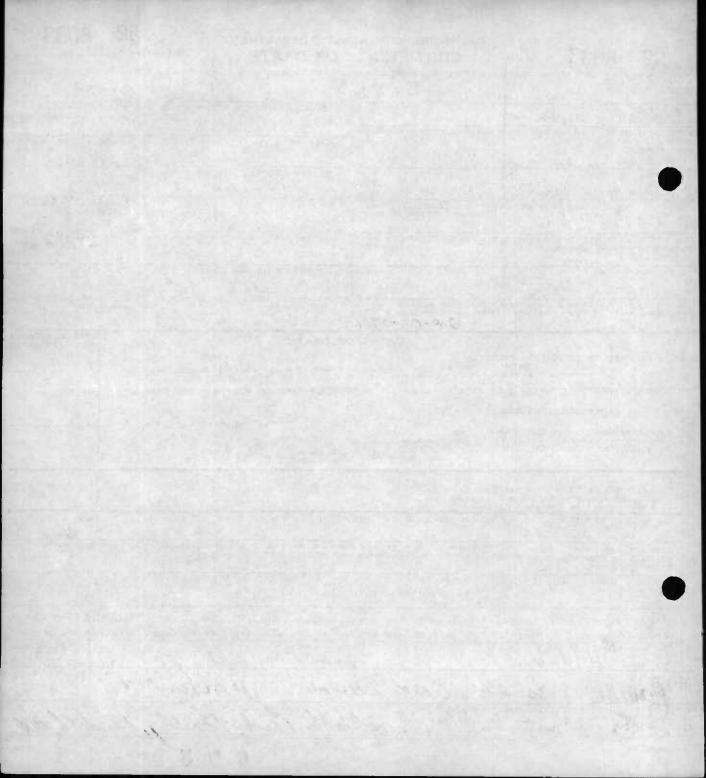


	52	
BIRTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

8033 Registered No-

2. DATE 1. NAME OF DECEASED (Type or Print) OF Viseman. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. STATE before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give allemore D. STREET ADDRESS Alf rural, give location) Yrs. Mos. January c. Length of stay in Baltimore Days 9. AGE (In years) 6. COLOR OR RACE 7 SINGLE, MARRIED 8. DATE OF BIRTH AGE (wh years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) WHAT COUNTRY? INDUSTRY for our 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECLASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 218-03-0786 INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE , 1952 to Aug 27, 19 that I last saw the 22. I hereby certify that I attended the deceased from (lug 2) deceased alive on Cling 27, 1952, and that death occurred at 10 A.m., from the courses and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE BURIAL, CREMA-DEMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE REGISTRAR VS 150

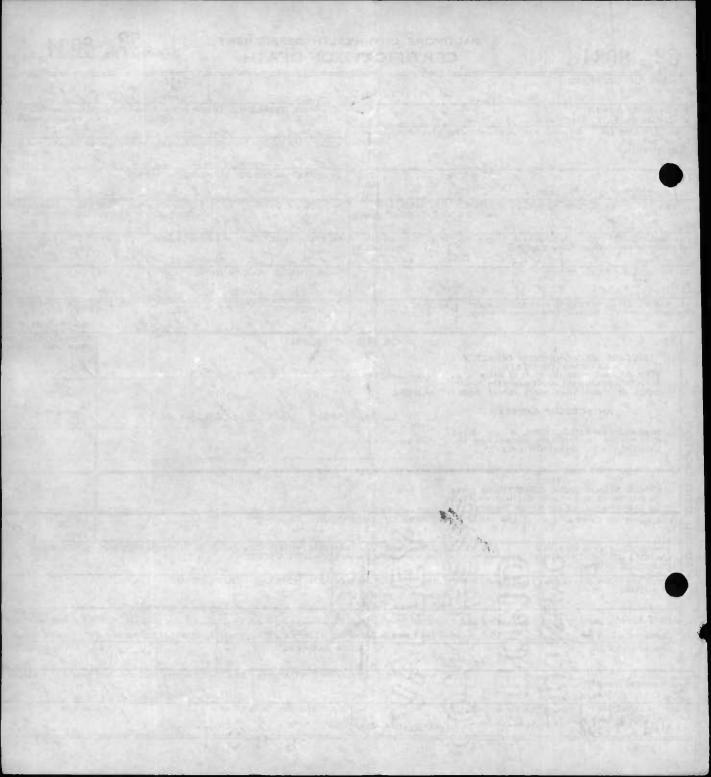


VS 150

MARTIN L. PADDEN BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

ВІ	52 _{No.} 8034	CERTIF	ICATE	OF DEATH	Registered No.	8034
1. (T	NAME OF DECEASED	7	dad	dens	2. DATE OF B/2	8/52
	PLACE OF DEATH: Baltimore City, Maryland 2 0 4	cecil		. USUAL RESIDENCE (W)		itution: residence before admission)
H	FULL NAME OF (If not in hospital or instit DSPITAL OR STITUTION	ution, give street	lanation)	CITY OR TOWN (If	outside corporate limits, w	
()	.0	Barrell		12 clfum	ue Th	township)
C.	Length of stay in Baltimore	Le	Yrs. D Mos. Days	STREET ADDRESS (If r	ural, give location)	7-08
-	SEX 6. COLOR OR RACE 7. SING	LE, MARRIED.	18.	DATE OF BIRTH	9. AGE (In years If linds last birthday) Month	l Vear I Under 24 Hours s Days Houre Min.
10	A. USUAL OCCUPATION (Give kind of 10B, KIN	7/1.	/ / / / / / / / / / / / / / / / / / /	1/28//880	/21	
	done during most of working life, even if restrict).	B K O	NDUSTRY	1. BIRTHPLACE (State or for	me my	CITIZEN OF
13	FATHER'S NAME		14	4. MOTHER'S MAIDEN NA	ME /	
0	alkier adder			m any	Heller	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? n, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURI		7. INFORMANT	P ABDI	RESS/)
				ones. M.L.	adden	Hame
	18. 420.1	C	CAUSE OF	DEATH /		INTERVAL BETWEEN DNSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					120
	LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	ase,	20101	way / Wk know	200	(1200
	injury or complication which caused dea	th.) DUE TO				
_	ANTECEDENT CAUSES		- airles	nat Ny herler	isim	/mrs
O	DISEASES OR CONDITIONS, IF ANY, GIV			······································	***************************************	100000000000000000000000000000000000000
AT	UNDERLYING CONDITION LAST.		***************	100000000000000000000000000000000000000		
FIC						
RTI	OTHER SIGNIFICANT CONDITIONS C					
CEI	TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE DR CONDITION CAUSING					
_	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS	OF OPERAT	ION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	LACE OF INJU e, ferm, factory, stree	RY (e. g., in or t,office bldg., etc.)	21c. WHERE DID (If	in Baltimore City, give	exact location)
2	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY	OCCURRED	21F. HOW DID INJURY	OCCUR?	
h	m.	WHILE AT WORK	NOT WHILE			
	22. I hereby certify that I attended th	e deceased fr	om - 1/2	1957-08	28 , 1937 t	hat I last saw the
	deceased alive on 6/28, 1957	and that de	ath occurred	d at 2.55 Am., from th	e causes and on the	late stated above.
	23A. SIGNATURE & Mull	amo	M. D. 23B.	279 Mille	and It	3c. DATE SIGNED
24	A. BURIAL, CREMA- 24B. DATE	24c. NAME OF	FCEMETERY	DR CREMATORY 24D. LO	CATION (City, town, or	county) (State)
L	1 8/30/52	Car	Here	ne des	L Fuder	ex Ex
D/	TE RECEIVED BY REGISTRAR'S SIGNA	TURE/11.	11 2	5. FUNERAL DIRECTOR	Al	DDRESS
	AUG 2 9 1952 / milington	Velliam	1- M.	· / Taken /+	na 1218	Lugar



A

BALTIMORE CITY HEALTH DEPARTMENT

52 8035 Registered No.

ВІ	RTH NO.			CERTIFICATI	E OF DEATH		
	NAME OF DE	Sam Sam	uel Hawl	tes		2. DATE OF DEATH	g. 28, 1952
	PLACE OF DE Baltimore C	ity, Maryland			4. USUAL RESIDENCE (Where deceased lived. In B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1823 W. Mulberry St.							
c.	Length of st	ay in Baltimore	?	Yrs. Mos. Days	o. STREET ADDRESS (If		20-01
5.	SEX M	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	Jan 3, 1896	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours on the Days Hours Min.
10 work	A. USUAL OCC	EUPATION (Give kind of working life even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY!
13	. FATHER'S N		her Hawk	es	14. MOTHER'S MAIDEN N	IAME	
	. WAS DECEASE , ao or nnknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NOTE	17. INFORMANT Archer Hawke	s 1843 W. Mu	ADDRESS Iberry St.
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					2 days	
CERTIFIC	TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT SEASE OR CONDITION	NOT RELATED				
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					YES NO	
MEDICA		ENT WAS UNDER- CONTRIBUTING DEATH		CE OF INJURY (e. g., i irm,factory,street,office bldg.,		(If in Baltimore Clty,	give exact location)
	ID. TIME (Month) (Day) (Year		HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
		y certify that I att	7.	that I last saw the			
	23A. SIGNAT	Souglas	-0	phered M.D. 2	404 M. Ful	Clori aus	8/29/8 2
TI	ON REMOVAL S		1, 1952	Mt Auburn	В	alto. Md.	
B	至李铜铜		S SIGNATU		Geo . G. Kelson		an St.
	VS 150	-0	1 9	5 2 0 9	08032		

Selector Lake · 10 YEAR E.M. -7 1871 . Is how to do the local and a male in the

I.	-5	16		
7	52	8036		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8036 Registered No.

BIKIH M	0.					
1. NAME (Type or]		ola La	mbert		DEATH	gust 27, 1952
A. Baltin	of DEATH: nore City, Maryland		ion, give strect address or	4. USUAL RESIDENCE	(Where deceased lived. I B. COUNTY	f institution : residence before admission)
HOSPITA INSTITUT	L OR		sion St.	c, CITY OR TOWN	If outside corporate lim	its, write RURAL and give township)
c. Lengt	h of stay in Baltimore		? Yrs. Mos. Days	D. STREET ADDRESS (1) 2020 Divis	f rural, give location)	14003
5. SEX	6.COLOR OR RACE		E. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH 6/30/1887	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours In the Days Hours Min.
10A. USU work done dur	AL OCCUPATION (Give kind of ind figst diffeorking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Va.	foreign country)	12. CITIZEN OF
13. FATH	Er's NAME Isum Evans			Thobertha Ga	NAME TNOT	
15. WAS D (Yes, no or u	DECEASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Z DIS	DISEASE OR CONDITION LEADING TO DEA' his does not mean the mode out failure, asthenia, etc. It mea ury or complication which of ANTECEDENT CAUS BEASES OR CONDITIONS, I E TO THE ABOVE CAUSE (A) IDERLYING CONDITION LA	FH dying, e. g ns the diseas aused death SES FANY, GIVIN STATING TH	e, DUE TO VOLV		distase	14913.
U TO	HER SIGNIFICANT CONDIBUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELATE	T			
	DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO
Q LYIN	ACCIDENT WAS UNDER- G OR CONTRIBUTING DE OF DEATH	21B. PL	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
F IN	TIME (Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?	
deced	hereby certify that I at assed alive on \$1.27.	tended the	and that death occur	195 2 to rred at 2 05/a, m., from 23B. ADDRESS		1.7that I last saw the the date stated above 23c. DATE SIGNED
	RIAL, CREMA- 24B. DATE OVAL (Specify)	10-1	M.D. 24C. NAME OF CEMETE	RY OR OREMATORY 24D.	LOCATION (City, tow	n, or county) (State)
DATE RE	Burial 8/30/scelved by Registrar Registrar Hunting 29/1952	SSIGNATI	Maues, My.	25. FUNERAL DIRECTOR Geo. G. Kelson I	Arbutus, Md.	ADDRESS n St.

10 mad

BALTIMORE CITY HEALTH DEPARTMEN

52 8037

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH / S. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived.) institution : residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF JOHNS HOPKINS HOSPITAL HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore myron Days 5. SEX 6. AGE (in years I Under I Year II Under 24 Hours last birthday) Months; Days Hours: Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Separated 10A. USUAL OCCUPATION (Glvekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY man Kustless Lron us a Sheer Hampshire 13. FATHER'S NAME iernan 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. HOPKINS HOSPITAL NE 12-10-5821 INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) li OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 1952, to 8-27, 1952, that I last saw the 5-20 22. I hereby certify that I attended the deceased from. deceased alive on 9-7-7, 1952, and that death occurred at 1845 P.m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATUR JOHNS HOPKINS HOSDITAI 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE mo1- e Bur 19 DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR

CERTIFICATE OF DEATH

52 8038

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF ANNA SCHMIDT DEATH AUG: 27-1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 63 North Monastery Ave. BALTIMORE MARYLAND Yrs. D. STREET ADDRESS (If rural, give location) Mos. LIFE 63 North Monastery Ave. 20 ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. Nov:8:1894 57
11. BIRTHPLACE (State or foreign country) Female White Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Baltimore Maryland At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Nagel Margaretha Blankenheim 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Charles W. Schmidt......Same None CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY general metertasis LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 19/2 to Chea 27, 195 7that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on lug 26, 1952, and that death occurred at_ 6 a., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Aug: 30:1952 Meadow-Ridge Memorial Dorsey Maryland REGISTRAR'S SIGNATURE 25 EUNERAL DIRECTOR AI Burial DATE RECEIVED BY ADDRESS UG 291952

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CHESCHE MOONER WAS A TON THE THE RELIGIOUS CONTROL OF THE PROPERTY OF THE PROPE

J	- 2	50	
BIRTH	52 No.	8033	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8039

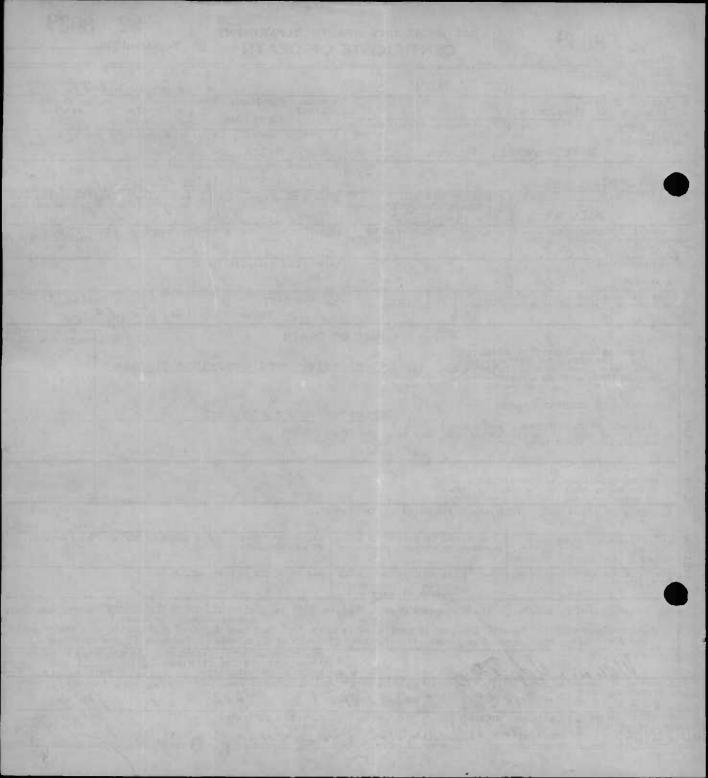
ADDRESS

OH N. CEN

Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) JOHN JACKSON DEATH August 27, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF ("f' not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Morgue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1227 Division Street ngth of stay in Baltimore Days 9. AGE (In years It Under I Year It Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) male colored 1 06W C 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ark done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN ANDA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or upknown) (If yes, give war or dates of service) SECURITY NO. 20211 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUETO ANTECEDENT CAUSES Cerebrovascular accident DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... 23c. DATE SIGNED August 27. MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

V S 151

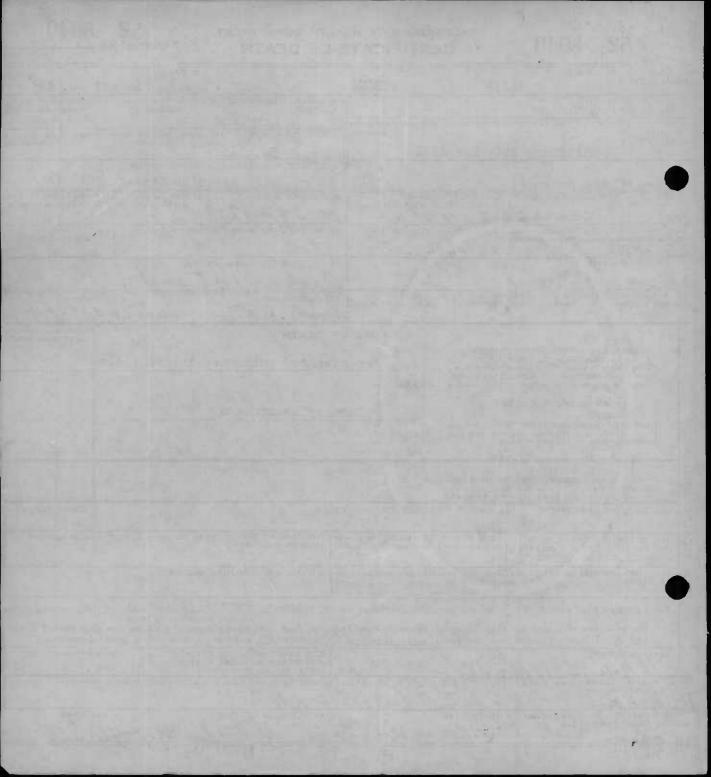
DATE RECEIVED BY



W	-3	25
,	52	8049
BIRTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Reg

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered I	No
1. NAME OF DECEASED (Type or Print) MAJOR.	WATSON		2. DATE OF DEATH AUGU	ıst 26, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME OF If not in hospital or inst HOSPITAL OR INSTITUTION	itution, give street address or location)	Maryland		s, write RURAL and give
Baltimore City H		Baltimore		township)
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If:	rural, give location) quith Street	9-09
	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthdny) Mo	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABER	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME /	1
MAJOR WATSON		NAOMI WA	TSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)) 16. SOCIAL SECURITY NO.	Naomi WATSON	1 Scotli	AND NECK NO
18. 04.2%	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused do ANTECEDENT CAUSES	e.g., (A) Far sease, eath.) XXXXXX	advanced pulmonar;	y tuberculos:	is
	(B)	onary hemorrhage		
DISEASES OR CONDITIONS, IF ANY, GOOD TO STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	THE DUE TO			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL				Marie Company
TO THE DISEASE OR CONDITION CAUSIN	G IT	ATION		20 AUTORCY3
198. DATE OF OPERATION 198. MAS	OR FINDINGS OF OPER	ATION		YES X ND
	PLACE OF INJURY (o. g., I me, farm, factory, street, office bldg.,		f in Baltimore City, g	
FINJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
22. I certify that I took charge of t the evidence obtained by said A and death in my opinion resulte	utopsy, Inspection or I	nquiry, find that said de	al Autopsy Inspection or Inquiry Leeased died on th I, homicide I, u	_ thereon and from ne day stated above, andetermined [].
23A. SIGNATURE	M	238. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATO	EXAMINER	Aug. 26, 1952
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	244 NAME OF CEMETE	RY DE CREMATORY 24D. LC	OCATION (City, town,	or eounty) (State)
BEMONAL 8-29-57	SCOTLANT	IVECK, N.C.		
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	ATURE	25. FUNERAL DIRECTOR	1 0 12	ADDRESS
WG 291957 Mulington 11	malle, Ny.	BERK J. NOCK	1 PA 1 304	IN CENINALA
V S 151	1 9 5 46	AR		



B-636 BIRTH NO. 2 8041

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8041 Registered No.

1. NAME OF DECEASED (Type or Print)	NICHOLA	S JOSEPH BRADE	CR, SR. 2. DATE OF Aug. 26, 1952
3. PLACE OF DEATH: a. Baltimore City, Maryland	1626 N.	Bradford St.	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in ho HOSPITAL OR INSTITUTION	spital or instituti	ion, give strect address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Pigth of stay in Baltimor	e	Yrs. life Mos. Days	D. STREET ADDRESS (If rural, give location) 1626 N. Bradford St. 8-0
5. SEX 6. COLOR OR RA male white	WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years Il Under I Year last birthday) December 11 1887 64 Il Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give ki ork doce during most of working life, eveo if ret Carpenter	ired)	of Business or INDUSTRY it Tire Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	unknov	wn.	14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U. S. AF Yes, no or unknown) (If yes, give war or NO	RMED FORCES? dates of service)	16. SOCIAL 216-67-7880	17. INFORMANT ADDRESS Emma D. Brader, wife, above
LEADING TO E (This does not mean the mo heart failure, asthenia, ctc. It injury or complication which ANTECEDENT C. DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, E	de of dying, e. g means the disease the caused death AUSES S, IF ANY, GIVIN (A) STATING TH I LAST. NDITIONS CON	(B)	Montes (Ft) (hor hum, plying 2 hours and mulimus (milimus)
TO THE DISEASE OR CONDITION	19B. MAJOR	FINDINGS OF OPER	YES NO
21A. ACCIDENT WAS UNDELYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., i arm, factory, street, office hldg.,	
TIME (Month) (Day) (Y		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I deceased plive pn 24 M	19 5/	deceased from 14	38. ADDRESS WILLOW Day 23c. DATE SIGNED 28 Rep. W
24A. BURIAL CREMA- 44B. DAT TION, REMOVAL (Specify) Burial Aug. 3	0, 1952	24c. NAME OF CEMETE Holy Redeemen	
DATE RECEIVED BY REGISTR LOCAL REGISTRAR	AR'S SIGNATU	14/75	25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.
Ju L _{VS 150} Hanting	///	5	000000000

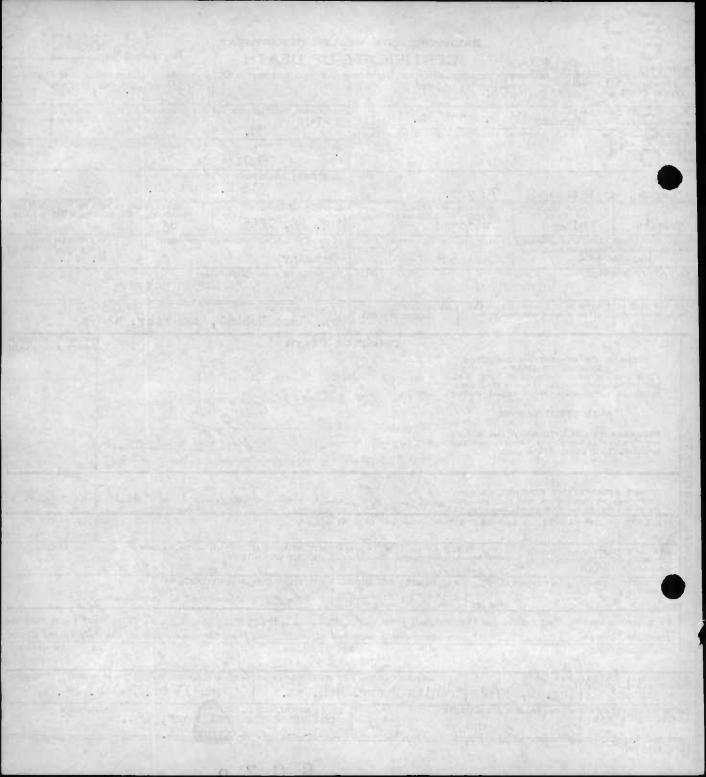
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BALTIMORE CITY HEALTH DEPARTMENT

52 8042 egistered No.

BIRTH NO. 5	2 8042		CERTIFICA	TE	OF DEATH	4	Registere	d No.	
1. NAME OF C (Type or Print)	ECFASED	GDALENA	GRAF				2. DATE Aug OF Aug DEATH	. 28, 1	952
B. FULL NAME	City, Maryland 51. OF (If not in hospit	N. Po	on, give street address	ssor	4. USUAL RESIDER A. STATE		B. COUNTY	be	efore admission)
HOSPITAL OR INSTITUTION			100g.	Jon)		ltimor			URAL and give township)
c. Length of s	stay in Baltimore	70 yr:	M	rs. los. ays	b. STREET ADDRES		ort St.	7-	02
5. SEX female	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Spe WED	acify)	B. DATE OF BIRTH Dec. 28, 185		9. AGE (In years last birthday)	Months Day	If Under 24 Hours Hours Min.
vork done during most	CCUPATION (Give kind of of working life, even if retired) Wife	at .he	INDUST		11. BIRTHPLACE (St	tate or fore	eign country)	U.S.	IZEN OF AT COUNTRY
13. FATHER'S	NAME unkno	wn			14. MOTHER'S MAI	DEN NAM	unkow	m	
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO		17. INFORMANT Mrs. Rose He	bbel,	daughter,	ADDRESS 2bove	
(This doc heart fails injury or DISEASE RISE TO THE RI	SE OR CONDITION LEADING TO DEA' not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	I'H If dying, e. g ns the discase eaused death. ES F ANY, GIVIN STATING TH	(B)	*******	S.C.Y. D. CEI	RTIFICAT	TION APPROV	ED BY	
OTHER S	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	o short	d	he to ah	rasis	ns & co	ntus	ions.
. 19A. DATE O	OF OPERATION 0 1	98. MAJOR	FINDINGS OF O	PERA	ATION			20 YES	AUTOPSY?
LYING OF		about home, for	CE OF INJURY (e. arm, factory, street, office b	oldg., et		IV K	in Baltimore Ci	ty, give exac	t location)
NJURY	(Month) (Day) (Year)	V	WHILE AT NOT WE WORK AT WE		V		no stan	way	
deceased a	by certify that I att	ended the	deceased from and that death o	ccuri	red at 1.m.,			n the date	I last saw the stated above
23A. SIGNA	Yept	h	м. р.		BB. ADDRESS	245 1 6	CATION (City, to	1	y) (State)
24A. BURIAL, TION, REMOVAL (S Buria	Aug.30,	1952 T	rinity Evan	g.I	uth.Cem.	O' Doni	nell St. 1	Balto. 1	Md.
LOCAL REGIST	ED BY REGISTRAR	S SIGNATU	RE MSP		25. FUNERAL DIRE Schimunek Fu 2601-3-5 E	ector meral Madis	Home, Inc	ADDRE	iss
UG 120	929.0 g	1100	5 2.0	1 4	080	2 0			



	52_8043	BALTIMORE	CITY HE	ALTH DEPARTMENT	Registered I	2043
B	K-563	CERTI	FICATI	E OF DEATH	Registered I	No.
	NAME OF DECEASED Type or Print)	OSEPH Henr	y KONR	AD, JR.		ust 28, 1952
A.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived. If B. COUNTY	institution: residence before admission)
H	FULL NAME OF ('f not in hospit OSPITAL OR ISTITUTION	al or institution, give str	eet address or location)	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give
3	Johns Hopk	ins Hospital		Baltimore		VO 11101127
	ength of stay in Baltimore	life	Yrs. Mos. Days		and Avenue	7-03
5	Male White	7. SINGLE, MARRIEI WIDOWED, DIVOR Single	D. CED (Specify)	0ct. 14, 1909	42	onths Days Hours Min.
1C	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Bottle Dept.	Globe Brewer	INDUSTRY	Baltimore, Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
	Joseph .	Konrad		Anna	Marie Pich	
	5. WAS DECEASED EVER IN U.S. ARME (If yet sive war or date yes. Navy	FORCES? 16. SOCI	IDITY NO	17. INFORMANT Josephine Maxa, s		DDRESS
FICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me; injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.	TH of dying, e.g., uns the disease, caused death.) DUE 1 SES (B) FANY, GIVING STATING THE OUE 1	Arterios	of DEATH	ascular disea	ONSET AND DEATH
ERTIF	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			H.	
AL C	19a, DATE OF OPERATION	98. MAJOR FINDING				20. AUTOPSY?
EDIC/	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF IN. about home, farm, factory, at	JURY (e.g., in reet, office bldg., e		f in Baltimore City,	give exact location)
M	210. TIME (Month) (Day) (Year FINJURY	(Hour) 21E. INJUF while at work	NOT WHILE	21F, HOW DID INJURY	OCCUR?	
	22. I certify that I took char the evidence obtained by and death in my opinion	said Autopsy. Insp	ection or I	nquiry, find that said do K, accident , suicide	, homicide , v	undetermined [].
	23a. SIGNATURE	frishe	M	23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	EXAMINER	Aug. 28, 1952

DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-TION. REMOVAL (Specify) Burial 4430 Belair Rd. Balto.Md. Holy Redeemer Cem. Aug.30, 1952 ADDRESS REGISTRAR'S SIGNATURE

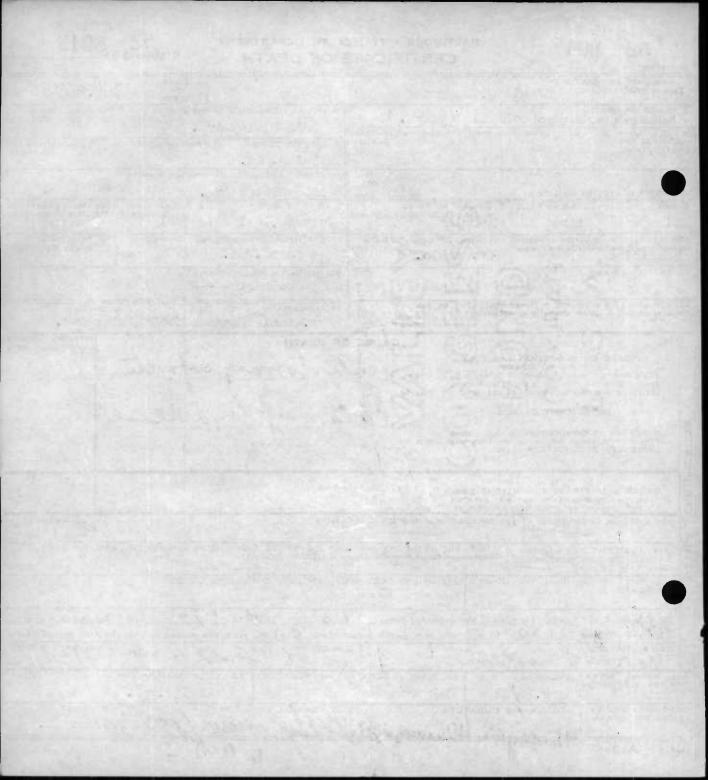
25 FUNERAL DIRECTOR Schimunek Funeral Home, Inc.

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52 8845

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Aug. 28/52 OF Louis J. Hammann DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 3555 Elmley Ave. before admission) 3555 Elmley Ave. B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Balto. Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos life Days ngth of stay in Baltimore 3555 Elmley Ave. 9. AGE (In years If Under I Year Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Male Married July 20,1871 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)

Machinist INDUSTRY WHAT COUNTRY? Balto. Md. Nat Can Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine ---Jacob Hammann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. 20-01-2237 A Mrs Minnie Hammann 3555 Elmley Ave. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT 19 40 to . 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 8 20 19 5 and that death occurred at_ A.m., from the causes and on the date stated above. 234. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248, DATE Balto. Md. Oak Lawn Cem Burial Aug. 30, 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 2024 Orleans St.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8046

Registered No-1. NAME OF DECEASED 2. DATE (Type or Print) Aug. 28/52 Wm . Leonard Tudor OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 2206 McElderry St. B. COUNTY before admission) 2206 McElderry St B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Balto. Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 2206 McBlderry St. Days 9. AGE (In years lif Under 1 Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Male Jhite Nov.2.1870 Married IOA. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, oven if retired) INDUSTRY WHAT COUNTRY? Balto. City Laborer Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vm . Tudor Catherine --15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Mrs.Sophia Tudor 2206 NcElderry St. Mans 18. 420.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CERTIFICATION APPROVED BY ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CHIEF OR ASST. MEDICAL EXAMINER OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATIO 20. AUTOPSY EDICAL VES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 128/3'2, 19_, that I last saw the 22. I hereby eertify that I attended the deceased from. deceased alive on D.D. A 19 and that death occurred at 8.50 Em., from the causes and on the date stated above. 23A. SIGNATURE 23C, DATE SIGNED aller 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Rurial Balto. Md. Sept.1 Holv Redeemer Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 26 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 2024 Orleans St. Vs 150

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BALTIMORE CITY HEALTH DEPARTMENT

52 8047

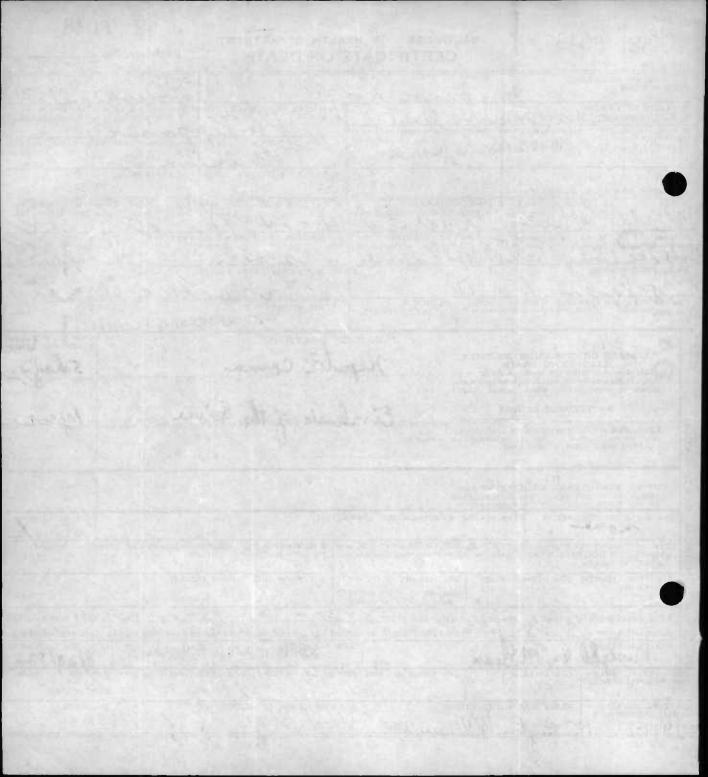
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF urgis rasius DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) MIMORE Yrs. D. STREET ADDRESS Alf rural, give location) Mos. appolitonllue Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) H Under 1 Yesr If linder 24 Hours AGE (In years | It Under 1 Year | It Under 24 Hours Ast Dithday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Wark uania 13. FATHER'S NAME . . . 10 ma. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no onknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL VES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE! m. WORK AT WORK 1951, tolleyers + 2 . 19 that I last saw the 22. I hereby certify that I attended the deceased from. deceased thee on Cause + 20 1952 and that death occurred at 7:5 km., from the causes and on the date stated above. 23A/SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24M. BURIAL, CREMA-24C. NAME OF GEMETERY OF GREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/FUNERAL DIRE LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO.	GO.x.	CERTIFICA	TE OF DEATH	Registered No.	
1.	NAME OF I		1 7	0	2. DATE OF	
3.	PLACE OF I	DEATH:	elian A		(Where deceased lived, If ins	
В.	FULL NAME	City, Maryland	nstitution, give street address	A. STATE	liberies	before admission)
	SPITAL OR STITUTION	JOHNS HOP	KINS HOSPITAL	c. CITY OR TOWN	(If outside corporate limits, v	vrite RURAL and give
	ngth of	stay in Baltimore	O M	D. STREET ADDRESS	(If rural, give location)	
5.	SEX	6.COLOR OR RACE 7.S	INGLE, MARRIED.	B. DATE OF BIRTH	9. AGE (In years if the last birthday) Month	der I Year It Under 24 licers his Days Hours Min.
10 vork	done during most	CCUPATION (Give kind of to working life, even if retired)	KIND OF BUSINESS OF	II. BIRTHPLACE (State of	or foreign country)	CITIZEN OF
13	AATHER'S	The state of the s	na t aserve	14 MOTHER'S MAIDEN	NAME	coppins
15	Xul	SED EVER IN U. S. ARMED FOR	W	Calan	islaa U	renas
(17	Bo or unknown	(If yes, give war or dates of ser	Vice) 16. SOCIAL SECURITY NO	JOHN	S HOPKINS HOSPITA	RESS
	18. 5	81.0	CAUS	E OF DEATH		INTERVAL BETWEEN
	(This doe heart fail	ASE OR CONDITION DIRE LEADING TO DEATH es not mean the mode of dyir lure, asthenia, etc. It means the r complication which caused	CTLY ng, e. g., disease, death.) DUE TO	epatic Coma whosis of the		5 days
		ANTECEDENT CAUSES	0:	alian of the	Live	Inena .
ATION	RISE TO	ES OR CONDITIONS, IF ANY	GIVING (B)			1300
CAJ	UNDERL	YING CONDITION LAST.	(C)			•••
CERTIF	TRIBUTIN	II SIGNIFICANT CONDITION IG TO THE DEATH, BUT NOT F	RELATED			The transport of the same of t
ار		OF OPERATION 198. M				20. AUTOPSY
EDICA	LYING [C	OR CONTRIBUTING abou	B. PLACE OF INJURY (a thome, farm, factory, street, office b		(If in Baltimore City, give	e exact location)
ME	CAUSE OF	(Month) (Day) (Year) (Hou	r) 21E. INJURY OCCL	IRRED 21F. HOW DID INJU	JRY OCCUR?	
	YAULNI		m. WHILE AT NOT WE AT WO			
	22. I here	by certify that I attende	d the deceased from	- 20 - , 19520	8-28-,1952	that I last saw the
		alive on D 2 5 , 19	and that death of	ceurred at 2 2 h., from	n the causes and on the	date stated above.
	Mu	right & Misson	M. D.			0/70/32
TIC	Surial.		2 Manuel	a CREMATORY 240	anlle Thely	hourse (State)
D/ LC	CAL REGIS	ED BY REGISTRAR'S SIG	NATURE :	J. William	1 & Son 805 n. C.	alunt It
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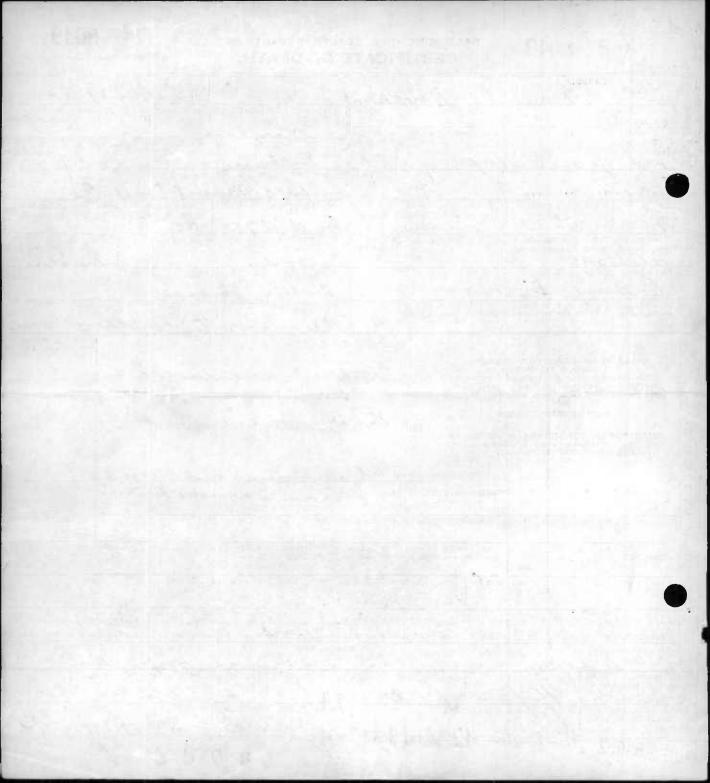


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8049 Registered No.

BI	RTH NO.							
1. (T	NAME OF Di	Ahna	E.	Burk	har	+	2. DATE OF DEATH Au	129'52
	PLACE OF DE					4. USUAL RESIDENCE A. STATE		If institution; residence before admission)
В.	FULL NAME		tal or institution	n, give street	address or location)	c. CITY OR TOWN	If outside corporate liv	nits, write RURAL and give
IN	ISTITUTION	General	1400			ROT	in outside corporate in	township)
7	1	yuna	-	li	Yrs.	D. STREET ADDRESS	lf rural, give location)	1-01
8		tay in Baltimore		Te	Mos. Days	4303 m		u Ra
5.	SEX	6. COLOR OR RACE	WIDOW	D, DIVORCE	D (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINES	S OR	Aug 23 1892 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
wor	done during most o	f yorking life, even if retired) TOB. KIND		DUSTRY	THE EACE (State of		WHAT COUNTRY?
13	FATHER'S N	TOME				14. MOTHER'S MAIDEN	NAME	Musica
	Will	iam Bi	cken		d- 25	Sallie In	reksar	
	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give wer or date		16. SOCIAL		17. INFORMANT	, //	ADDRASS
,			,	, JECOKI	CALL TO	Miss Non	the Dur	Khart Sance
	18. 25	2.0		C	AUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY	\$	1			
	(This does heart failu	not mean the mode re, asthenia, etc. It me	of dying, e.g.	(A)	ceri	bral base	ulos alle	deal
	injury or	complication which	caused death.) DUE TO				
7		ANTECEDENT CAU	SES		22	Superotypord	()	
Ö	DISEASES	S OR CONDITIONS,	IF ANY, GIVING	G DUE TO	••••••••	of the same		***************************************
AT	UNDERLY	TING CONDITION L	AST.	E 002.10				
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RT		II SIGNIFICANT COND			d	viene : au	vicula fibrit	laria
CE	TO THE D	TO THE DEATH, BUT ISEASE OR CONDITION	N CAUSING IT					
7	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS (OF OPER	RATION		20. AUTOPSY?
ICA		NT. SUICIDE,	21B. PLA	CE OF INJUR	RY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City	y, give exact location)
EDI	HOMICIDE	(Specify)	about home, fa	rm, factory, street.	, office bldg., e	etc.) INJURY OCCUR?		
Σ	210. TIME (Month) (Day) (Year) (Hour) 2	1E. INJURY	OCCURR	ED 21F, HOW DID INJU	RY OCCUR?	I CHANGE TO THE
L	INJURY			HILE AT WORK	NOT WHILE			
	22. I hereb	y certify that I at	tended the	deceased fro	m Au	2, 25 , 1952, to	Due 29, 19	Sthat I last saw the
	deceased al	live on Ang. 29	1, 1952, 0	nd that dea	th ocell	rred at 12:45 An., from	the causes and on	
	23A. SIGNAT	TURE	p.		100	3B. ADDRESS	0 11-	23c. DATE SIGNED
2	4A. BURIAL, C	DEMA- 246. DATE	1 12	4c. NAME OF	CEMETE	RY OR CREMATORY 24D.	LOCATION City, to	wn, or county) (State)
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	ATE RECEIVE		'S SIGNATUI	RE	1000	25. PUNTRAL DIRECTO		/ KODRESS 1 ON
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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	0000		CERTIFICATI	E OF DEAT	н 1	Registered	l No	
1. NAME OF D (Type or Print)		a R. 01	Connell			_	gust 29,	1952
	EATH: City, Maryland			4. USUAL RESIDE	NCE (Where de		If institution:	
B. FULL NAME HOSPITAL OR INSTITUTION	921 St. P		ion, give street address or location)	c. CITY OR TOWN Baltimore	(If outside	corporate lin	mits, write RUI	RAL and give township)
ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	ss (If rural, gi		4,-	01
5. SEX female	6.COLOR OR RACE		E. MARRIED. ED, DIVORCED (Specify)	Sept. 11,	9. AG	E (in years)	H Under I Year Months Days	If Under 24 Hours Hours Min.
	CUPATION (Give kind of of working life, even if retired)	108. KIND Bake	OF BUSINESS OR, INDUSTRY	11. BIRTHPLACE (S			12. CITIZE WHAT	EN OF COUNTRY?
13. FATHER'S N	Vaclav Benda			14. MOTHER'S MA Mary Bol				
Yes, no or naknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Wm. C. O'Cor	nell, 921	St. Pa	aul Stre	et
DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEAT i not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) I'NG CONDITION LA I'GNIFICANT CONDITION TO THE DEATH, BUT	ns the diseas aused death SES ANY, GIVIN STATING TH ST. TIONS CDN NOT RELATE	(B)					
19A. DATE C	F OPERATION 0 1		FINDINGS OF OPER	ATION			20. A	UTOPSY?
LYING OF CAUSE OF INJURY	(Month) (Day) (Year) y certify that I att	(Hour) m.	CE OF INJURY (c. g., linarm, factory, atrect, office bldg., e 21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK deceased from United	ED 21F. HOW DID	INJURY OCCU	R?	that I lo	ocation) ast saw the
deceased a	live on	195 d	and that death occur	red at S A. m., 3B. ADDRESS	from the caus	ses and on	the date sto	
24A. BURIAL. (S TION, REMOVAL (S DURIAL	9/2/52		Holy Redeeme	er Cemetery	Baltimo		Mary	
LOCAL REGIST	D BY REGISTRAR		Water, M.	Wm. Cook	nc.	12:	ADDRESS	
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BALTIMORE CITY HEALTH DEPARTMENT

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В	RTH NO.			CERTIFICATI	E OF DEAT	H Reg	istered No.		
	NAME OF C		rah Lil	lian Smink		2. DATE OF DEATH	Augus	t 28,	1952
Α.	PLACE OF D Baltimore (City, Maryland	tal or institut	ion, give street address or	4. USUAL RESIDE A. STATE Maryland	NCE (Where decease			residence re admission)
H	OSPITAL OR	Stafford H		location)	c. CITY OR TOWN St. Micha		orate limits, w	rite RUR	AL and give township
C.	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	SS (If rural, give lo	cation)	000	
5.	female	6. COLOR OR RACE	WIDOW	e, MARRIED, 'ED, DIVORCED (Specify) rried	Jan. 20, 18	last bir	n years Munde thday) Months		Hours Min.
1 C	A. USUAL OC doneduring most	CUPATION (Give kind or of working life, even if retired by if	own h	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	state or foreign count	у) 12.	WHAT	N OF COUNTRY
13	Edwar	name rd Long			14. MOTHER'S MA Fannie Bro				
15 (Ye	. WAS DECEAS e, no or nnknown)	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Willia	m Long, Sal	ADDI		and
	18. 42	0.0	77.01	CAUSE	OF DEATH			INTERVA	AL BETWEEN
	(This does heart fails	LEADING TO DEA s not mean the mode are, asthenia, etc. It mes complication which	TH of dying, e. g ans the discas	e, (A)	rdial Infarct	tion	::::::::::::::::::::::::::::::::::::::		28/52
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Thrombosis (B) DUE TO Arteriosclerotic heart disease (C)					1000120150800000000000000000000000000000	8/2	28/52	
ERTIFICATION						Maj	1952		
CERTIF	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D					
Ĭ.			4 5 10 10	FINDINGS OF OPER	RATION				U'FOPSY?
CA			J 045 BL	SE SE WINEY /	Loss willens o	ID /It in Dalling	Git -i	YES	NO L
MEDICAL	LYING OF		about home,	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	etc.) INJURY OCCU	R?	ore City, give	CXECT 10	cation)
E	D. TIME INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?			
	22. I herel	by certify that I at	tended the	deceased from Ma	y , 152	, to Aug. 28,	, 19. <u>52</u> , ti	hat I la	st saw th
	deceased a	live on Aug. 20	1952	and that death occur	$rred\ at$ $m.$	from the causes	and on the c	late sta	ted above
	23A, SIGNA	TURE	Marc	Erra " 2	11 E. Chase		2	ug.	28, 52
2	4A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE			City, town, or	county)	(State)
	buria	1 8/30/5		Mt. Olive C		Roslyn		Mary!	
	ATE RECEIVE		L IN	IRE	Mm. Cook	<u> </u>	.7 St. Pa	odress	
G	2 45 150	Hunting	ton Ma	ham, of E	2000	8 0 4	Q		

BALTIMORE CITY HEALTH DEPARTMENT 8052 CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED SC. COCH RANE DEATH AUG. 28, 1952 (Type or Print) GRETCHEN 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) REEN B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION UNION MEMORIAL location) (If outside corp fate limits, write RURAL and give HOSPITAL (If rural, give location) Yrs. D. STREET ADDRESS c. Length of stay in Baltimore 9. AGE (in years | | Under 1 Year | | Under 24 Hours | last birthday) | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WIDOW 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY ILLINOIS HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COLIGHTLY HENAY SCHNEIDER ELEANDR 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT W.H. Coches SECURITY NO. 110 ONE INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO of Bruns ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 2 IA. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from JUL 7, 1953 to Auf. 25, 1953 that I last saw the deceased alive on Av 6.28, 1952 and that death occurred at 5 mm., from the causes and on the date stated above. 23C. DATE SIGNED 23A. SIGNATORE 24A. BURAL, CREMA-TION, REMOVAL (Specify) remotion PDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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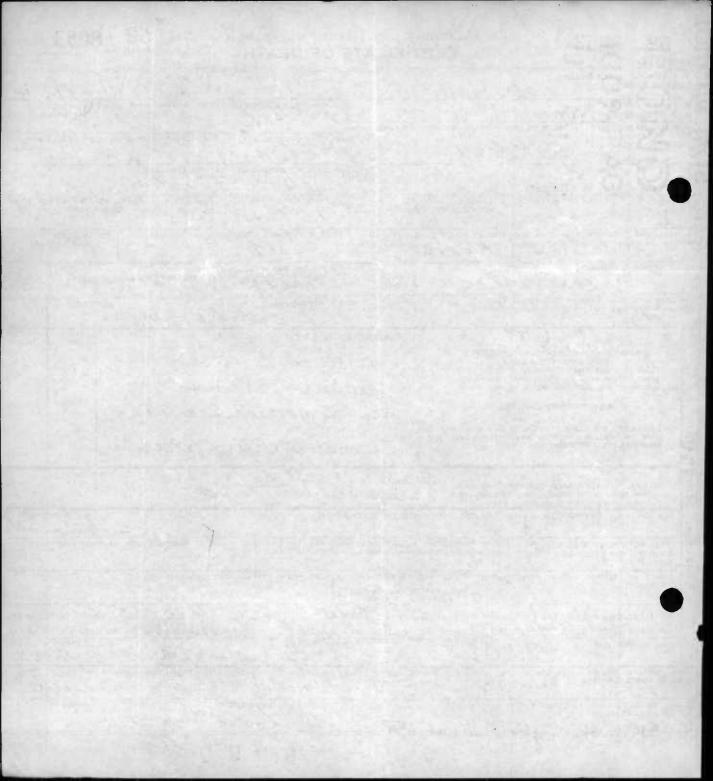
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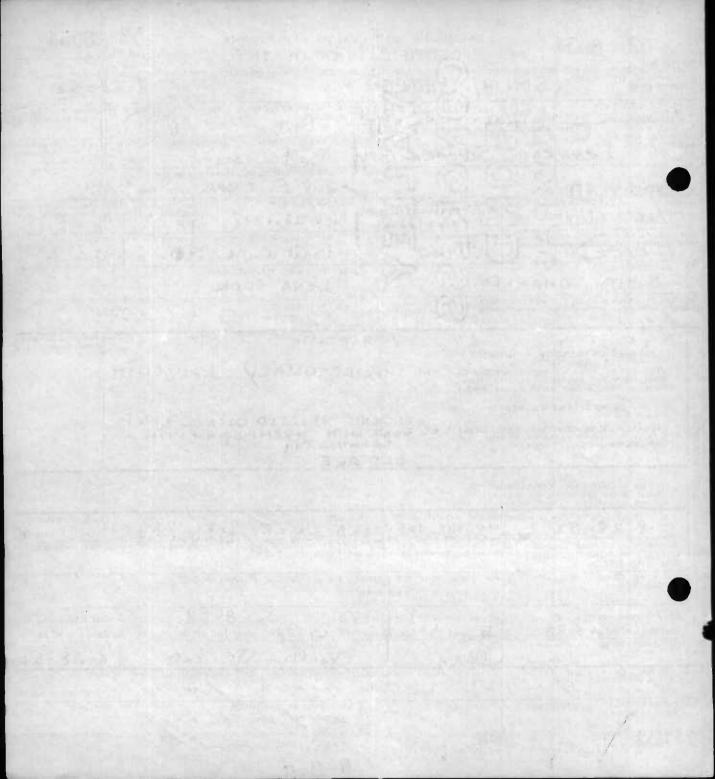
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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH	NO.			CLIVIII ICAI	L OI BEATH				
	E OF DECE r Print)	Viol.	a Ha	://		2. DATE OF DEATH	8/28/52		
	ce of DEAT	TH: 7. Maryland	/		A. USUAL RESIDENCE (Where deceased lived If institution residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or									
HOSPITAL OR INSTITUTION Institution Institution					c. CITY OR TOWN (If dtside corporate limits, write RURAL and give				
Yrs.					o. STREET ADDRESS (If rural, give location)				
ingth of stay in Baltimore Mos. Days					535 E. FORT AUE.				
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)					8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.		
10A. US work done	SUAL OCCUI	PATION (Give kind of rking life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Shate or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME				
LEON VELECIEL					MALGARET JAINIS				
(Yes, no or null nown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.					17. INFORMANT TAMILY - JAME ADDRESS				
18.	446X	and 2	60X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not be made the middle duing a life time.)								
l la	heart failure, asthenia, etc. It means the disease								
i	injury or complication which caused death.) DUE TO REPURS Clerons								
	antecedent causes Cerebero nagridar accident?								
0 0	DISEASES OR CONDITIONS, IF ANY, GIVING								
I V	UNDERLYING CONDITION LAST. C) Generalens arteriosclorass								
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	E Neghotes Welletin								
LU T	RIBUTING TO	THE DEATH, BUT	NOT RELATI	ED PULLEST	ary atelectas	co			
	DATE OF			FINDINGS OF OPE	RATION		20. AUTOPSY?		
AL		V					YES NO		
LYI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, atreet, office bldg., etc.) 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?) (If in Baltimore City, give exact location) INJURY OCCUR?								
210	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY								
	m. WHILE AT NOT WHILE WORK AT WORK								
22.	22. I hereby certify that I attended the deceased from Quely 24, 1952 to alleg 28, 195 That I last saw the								
	deceased alive on aug 28, 19, 2 and that death occurred at 7 pm., from the causes and on the date stated abo								
23A	23A. SIGNATURE Ellegie 23B ADDRESS Baltimore Gru. 1694 8-28-5-2								
24A. B TION, RE	URIAL, CRE	MA- 248. DATE	.53.	24c NAME OF CEMET	ERY OR CREMATORY 24D. L.	OCATION (City, tow			
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIDECTOR ADDRESS									
10 20 2000 At A to Williams ME do. L. le levery									
PU Z	7 137	1 metry	~ riputu	and the same		ant Au.			



530							
52 8054	BALTIMORE CITY HE		52 Registered No.	8054			
BIRTH NO.	CERTIFICATI	OF DEATH	Registered No.				
1. NAME OF DECEASED (Type or Print) SMIT	H, GEORGE		2. DATE 8-2.	8-52			
A. Daltimore City, Maryland	NKLIN SQ. HOSP LTHORE CITY institution, give street address or location)	1.31 M.D	here deceased lived, If ins	before admission)			
	SQUARE HOSP	Baltimore	outside corporate limits,	write RURAL and give			
congth of stay in Baltimore	Yrs. Mos. Days	209 £ . CRA					
	SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 28.1878	9. AGE (In years last birthday) Month	der i Year If Under 24 Hours hs Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of low work done during most of morking life, even if retired)	E. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore	reign country)	WHAT COUNTRY			
SMITH, CHARLE	s.	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or untowo) (If yes, give war or detes of set	(CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	-JAME	PRFSS			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) POLYMONARY EMBOLISM DUE TO DUE TO DUE TO DUE TO THE THROMBOP HER BITIS A CELLULITISM.							
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED						
19A. DATE OF OPERATION / 19B. N 8-25-52 / 19B. N 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 19box	MAJOR FINDINGS OF OPER HE ONIC INFECT HE PLACE OF YNJURY (e.g., in ut home, farm, factory, street, office bldg., e	DULCER, CLE	FT JEG	20. AUTOPSY? YES NO Re exact location)			
D. TIME (Month) (Day) (Year) (Hou	m. WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended deceased alive on 8-28, 19 23A. SIGNATURE	Sand that death occur						
24A. BURIAL CREMA- TION, REMOVAS (Specify)	2 24C. NAME OF CEMETER	. /	CATION (City, town, or	county) (State)			
DATE RECEIVED BY REGISTRAR'S SIG	GNATURE	25. FUNERAL DIRECTOR	Perez A	DDRESS			
291950 Huntington V	Villacia, M. C	1306.70	J 1902.				



OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OFATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198, MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

BURIAL, CREMA- 248, DATE

21E. INJURY OCCURRED

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

10. TIME (Month) (Day) (Year) (Hour) INJURY

WHILE AT NOT WHILE AT WORK WORK

19 52 to

22. I hereby certify that I attended the deceased from. deceased alive on \$129 1952 and that death occurred at

m., from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE

24c. NAME OF CEMETER)

23B. ADDRESS

. 19 Sthat I last saw the

DATE RECEIVED BY

TION, REMOVAL (Specify)

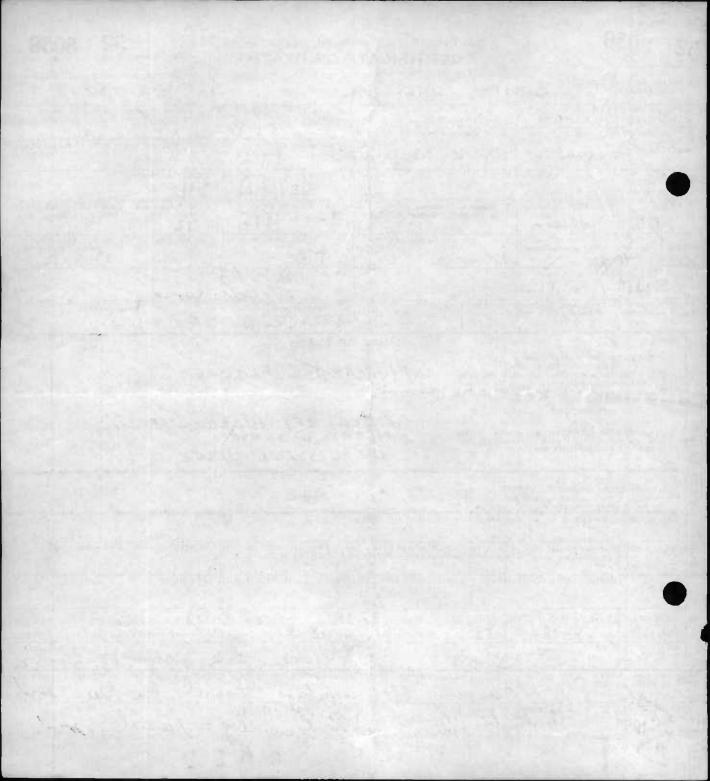
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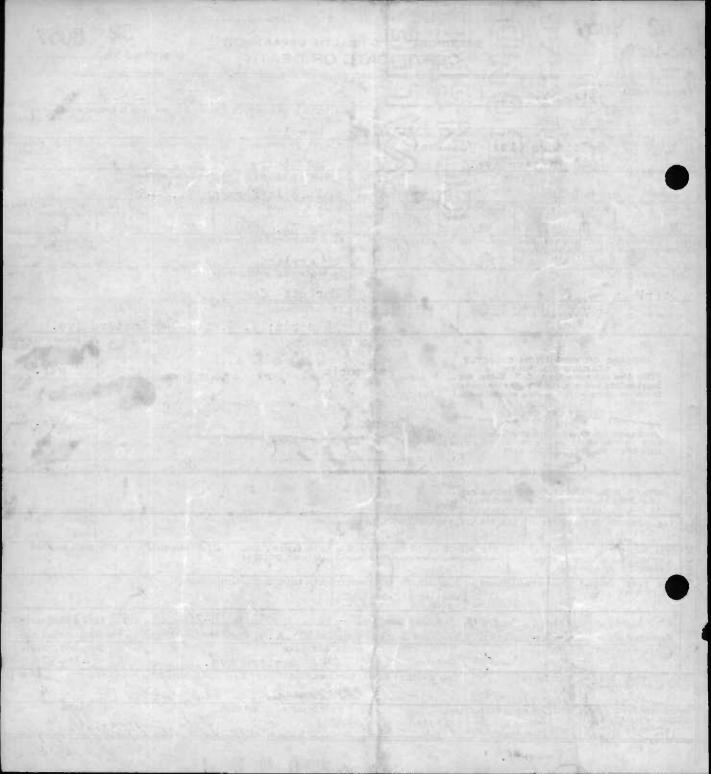
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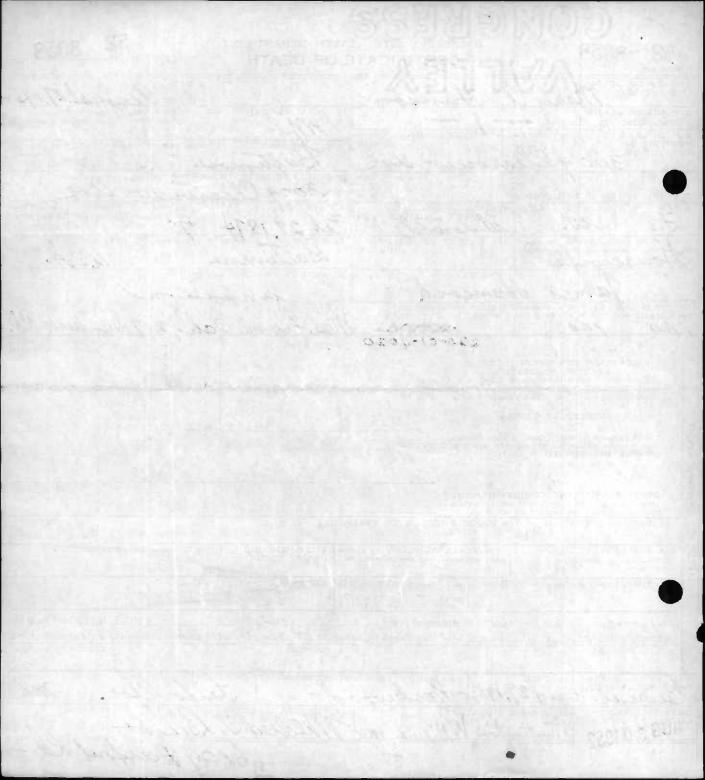
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5	2 80°	56		BAI			E OF DEA		Re	egistered l	52	8056
1.	NAME OF I	DECEASED	, 21-	tith,	WILL	LIAC	ſ		2. DAT OF DEAT	E8-28-	· 5 z	
Α.	PLACE OF Baltimore	City, Ma	w .	Baltin			4. USUAL RES	SIDENCE (Where dece			ion : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	_	not in hospit	Squr	ion, give street Nos	location)	C. CITY OR TO	T.D.	If outside co	rporate limit	s, write	RURAL and give township
c.	ngth of	stay in B	altimore			Yrs. Mos. Days	o. STREET AD		f rural, give	location)	50	-00
	Male	W	R OR RACE	WIDOW	e, ma rri ed, 'ed, d epor ce		8. DATE OF BI		9. AGE last b	(In years Mo	f Under 1 You	ays Hours Min.
worl	dooe during most	of working life	N (Give kind of	Harm		SS OR NDUSTRY	11. BIRTHPLAC			ntry)		TIZEN OF HAT COUNTRY
	S MI	h, (Willia-				14. MOTHER'S	MAIDEN I	MAME			
(Yes	. WAS DECEAS	ED EVER II	V U, S. ARME rive war or date	D FORCES?	16. SOCIAL SECURI		17. INFORMAN		Sa	204	DDRES	s
	7	SE OR C	I ONDITION	DIRECTLY	C	CAUSE	OF DEATH					SET AND OEATH
	(This doc	LEADIN s not mear ure, asthoni	G TO DEA the mode of a, etc. It mes		e.	Tyoc	ARDIAL	FAIL	IRE	-		
			DENT CAUS			E 1 0 1		4-				
ATION	RISE TO	THE ABOVE	IDITIONS, I CAUSE (A) NDITION LA	F ANY, GIVIN	G E OUE TO	HEA	ALIZED RT DIS	EASE	e10-50	CLEROL	1.0	
FICA	ONDERL	TING CO.	ADITION E	151.	(C)	DE	CUBITL	is U.	LCER			
CERTIF	TRIBUTIN	G TO THE	OEATH, BUT	ITIONS CON NOT RELATE I CAUSING I	D	OLI	AGE					
AL	19A. DATE	OF OPERA	TIONO	9B. MAJOR	FINDINGS	OF OPER	ATION					O. AUTOPSY7
MEDIC,	21A. ACCIL LYING OCAUSE OF	R CONTR			CE OF INJUR			E DID CCUR7	(If in Balti	more City, a		
2	21D. TIME INJURY		(Day) (Year		VHILE AT WORK	OCCURRI NOT WHILE		DID INJUF	RY OCCUR	7		
	22. I herel	by certify	that I att	ended the	deceased fro	om 8 -	15 ,11	9.52 to_8	- 28	, 19 \$;	that	I last saw the
	deceased a		7	Mal	and that dea		red at 8.250	Lm., from	the eause	s and on th		DATE SIGNED
24	A. BURIAL.	CREMA- 2	4B. DATE	COOKA"	249 NAME OF	M. O.	T YANTEL	RY 249	LOCATION	(City town,	or coun	29-52 (State)
10	M. REMOVAL S		0/31/	52	dry B	bel	emeter	La	usel	In.	Lu	mod
U	3 0 195	PRAR R	71 4	s signatu	Velliama	LATE	W. FUNERAL	Selly	1 I	and	ADDR	mil
	VS 150		Set in	1	9 5	2 0	0 0	s of	5 5		1	

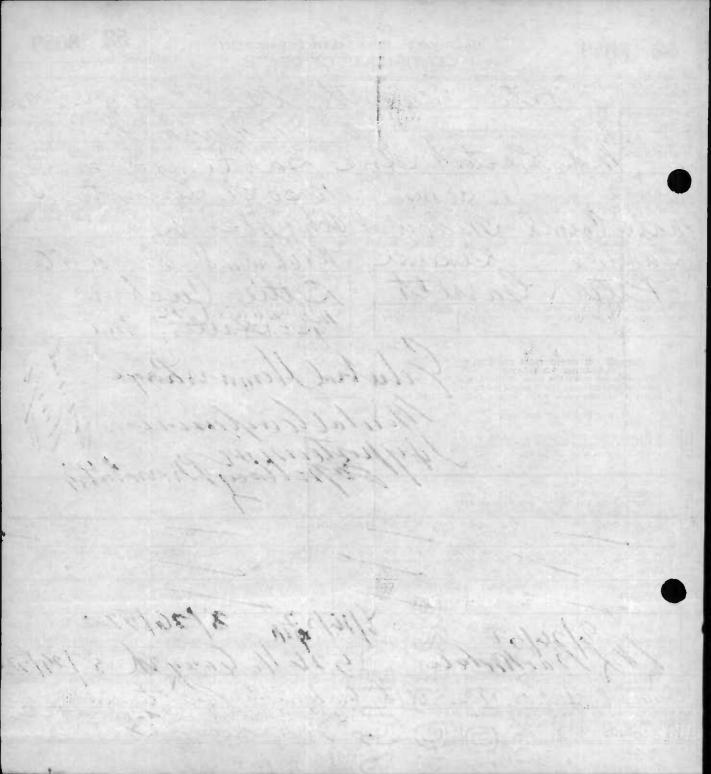




BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. c. cength of stay in Baltimore Days # Under 1 Year 5. SEX 9. AGE (In years last birthday) Months: Days Hours Min. WILDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work dame during most of working Me even if retired) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY Housewa 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) SOCIAL ADDRESS SECURITY NO ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO Irterio sclerasia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 DICAL 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT an 10 . 1957. to 27, 19 V, that I last saw the 22. I hereby certify that I attended the deceased from_ . 195 L. and that death occurred at 1 V30 m., from the causes and on the date stated above. deceased alive on Luz 27 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, I politution : residence A. Baltimore City, Maryland 620 W COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' cutside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS of rural, gire location) Mos. c. Length of stay in Baltimore Days SINGKE MAHRIED, 9. AGE (In years Il Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 11. BIRTHPLACE (State or foreign country) 10A. USBAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS, OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY 200419 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL CLINAPPRESE SECURITY NO. INTERVA BETWEEN CAUSE OF DEATH ONSET DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from_ Lathat I last saw the m., from the causes and on the date stated above. deceased alive of and that death occurred at 23A. SON TURE 348. DATE 24A. BURIAL CREMA-TION REMOVAL (Spendy) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (State) urill hulle DATE RECEIVED BY REGISTRAR'S SIGNATURE IL ADDRESS VS 150 - -

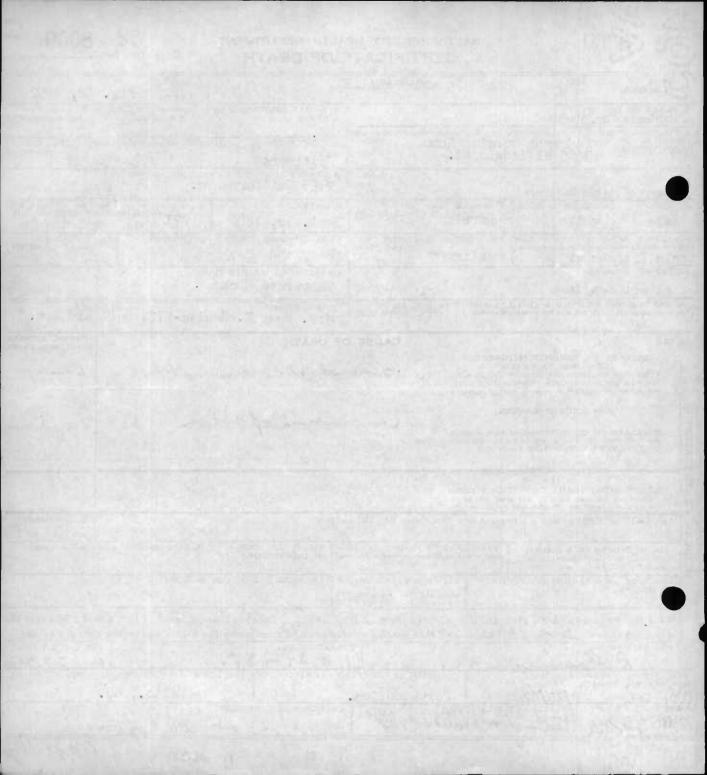


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8060 egistered No.

BII	RTH NO.			CERTIFICATI	E OF DEATH	Registered	110.
	NAME OF Dope or Print)	ECEASED	CLARENC	E EDGAR BEALL	E	OF DEATH AT	ug. 28, 1952
В. Е	TULL NAME	City, Maryland OF (If not in hospit		ion, give street address or		Where deceased lived. B. COUNTY	before admission)
	SPITAL OR STITUTION	Anderson N 3605 Hills	dale Ro	HOME	Baltimore D. STREET ADDRESS (If	12	nits, write RURAL and give township)
	- Andrewson - Andr	tay in Baltimore		Mos. Days	2727 Guilford A	ve.	
n	nale	white	Warri	MARRIED, ED DIVORCED (Specify)	Sept. 16, 1880	17	If Under I Year I Under 24 Hours Months Days Hours Min.
work Tra	done during most		Rails	of Business or INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Albert				Thornrose Hicks		
15. (Yes,	WAS DECEAS!	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Emma V. Be	alle-2727 G	ADDRESS uilford Ave.
ERTIFICATION	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEAT not mean the mode ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA IGNIFICANT CONDITION INTO THE CEATH, BUT	of dying, e. g ms the disease aused death SES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) Cance	ion of col		14.
EDICAL C	19A. DATE C		98. MAJOR	FINDINGS OF OPER		If in Baltimore City	20. AUTOPSY? YES NO , give exact location)
MEDI	LYING OI CAUSE OF 210. TIME FINJURY 22. I hereb	(Month) (Day) (Year) y certify that I att	(Hour) in.	arm, factory, street, office bldg., e 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK deceased from 5 and that death occur	ED 21F. HOW DID INJURY	Y OCCUR? 28, 191 he causes and on	that I last saw the the date stated above.
TIO	a. Burial, (N. REMOVAL (S Bu rial TE RECEIVE	8/30/52		Parkwood Cem	Street and the second	Balto.,	
-9	106361	952 Hunting	ton IVe	Maus, Mit.	W/m. Wich	mer & &	bus
	VS 150			1 9 39	90 58 0 8	buston 1	Tirria.

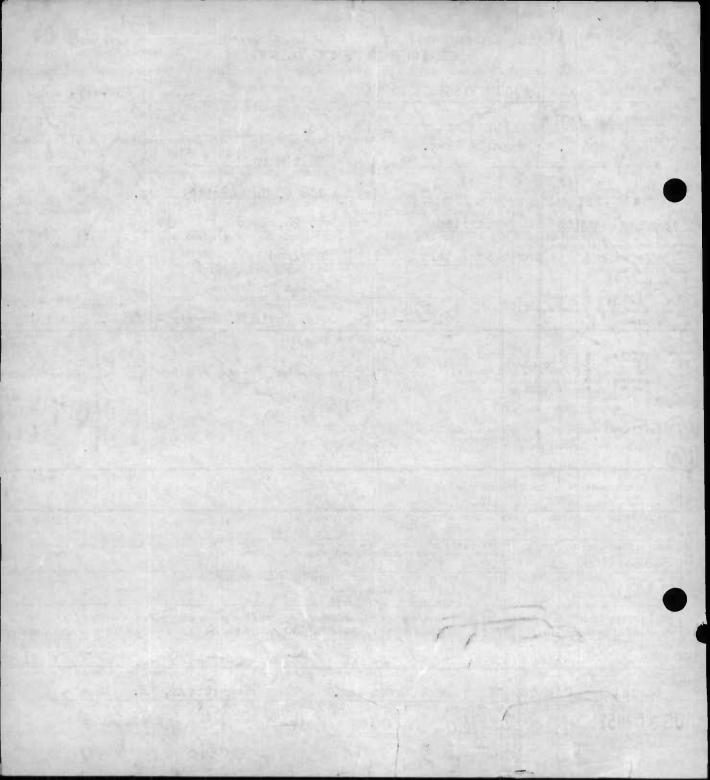


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Aug. 29, 1952 MARTAN VIRGINIA BREWER DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Md. B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give 106 W. University Pkwy. INSTITUTION Baltimore Yrs. p. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore Days University 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | H Under | H Under 24 Hours last birthday) Months; Days Hours | Min. WIDOWED, DIVORCED (Specify) Oct. 26, 1908 married female 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ? housewife & cashier & Secretary Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Robinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) Mr. David R. Brewer - 106 W. University none 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY rcinoma, left breast LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION EDICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED QF INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from March 15, 1952 to augus 29, 1952 that I last saw the deceased alive on lugust 28, 1952, and that death occurred a 2:30 Am., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 23A. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) / (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Hagerstown, Md. Rest Haven Cem. Burial 257 JUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE Kuylow

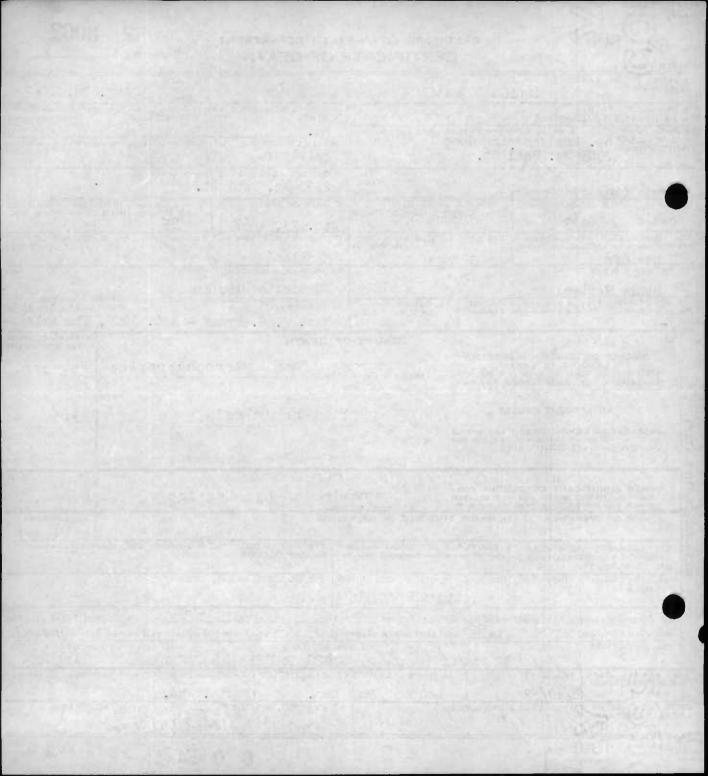


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8052 Registered No.

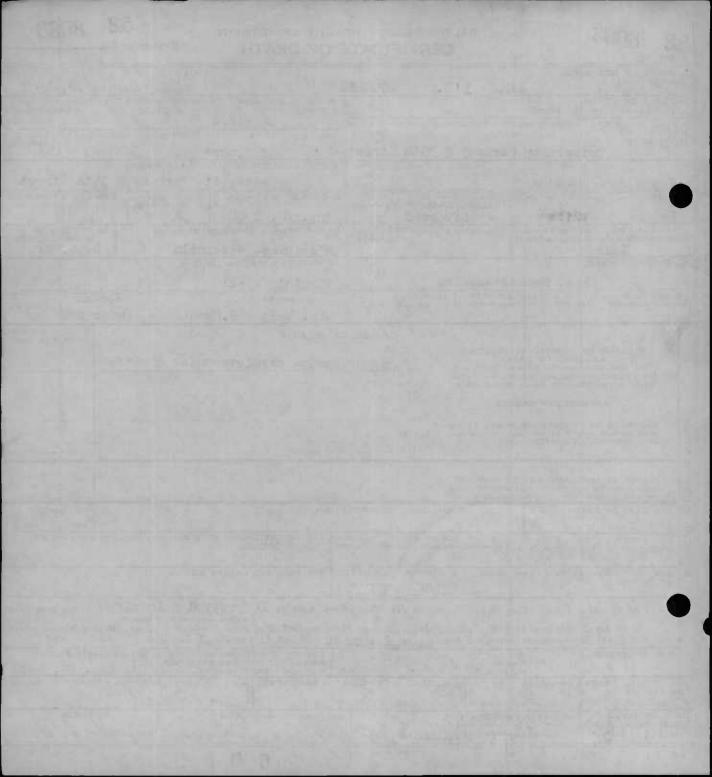
В	IRTH NO.			CERTIFICATI	- OF DEATH	registereu	110.
	NAME OF E		SE SCH	MALBACH		2. DATE OF DEATH A1	ug. 28, 1952
B. H	FILL NAME	City, Maryland OF (If not in hospite St. Paul Nurs	sing Ho	ion, give street address or MO location)	A. USUAL RESIDENCE (A. STATE Md. C. CITY OR TOWN (I	Where deceased lived, I. B. COUNTY	before admission) its, write RURAL and give
6	0	2305 St. Paul	l St.	Yrs. Mos.	Baltimore D. STREET ADDRESS (III		township)
1	ngth of s	stay in Baltimore		Days Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year Il Under 24 Hours
	female	white		OVEC (Specify)	Jan. 23, 1867	85	onths Days Hours Min.
wor	k done during most Housewij	nf wurking life, even if retired)		home	Maryland		12. CITIZEN OF WHAT COUNTRY?
13	Henry	Heitmuller		ALL	14. MOTHER'S MAIDEN N Charlotte Wiss		
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMED (If you, give war nr dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. J. B. Pym	er - Apt. 10	ADDRESS ador Apts 09, The Ambass
	(This does	SE OR CONDITION LEADING TO DEAT s not mean the mode o are, asthenia, etc. It meat complication which c	TH f dying, e.g ns the discas	gen e. (A)	of DEATH eralized arter	opederopis	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	ANY, GIVIN	(B)	tial hemiplegi	.8	2 yrs.
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	o ane	mia and hypote	nsion	6 mos.
AL	19a. DATE	OF OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	ATION		20, AUTOPSY?
EDICAL	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., ix arm, factory, street, office bldg., e	1 or 21c. WHERE DID (to.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE	21F. HOW DID INJUR	Y OCCUR?	
deceased alive on -28, and that death occurred at 5:05 Am., from the causes and on the date stated about							
	23A. SIGNA	- 16/18	word	4 (50 GM.D.	3B. ADDRESS 2021 MARYIAND		8-29-52
TI	Burial	8/30/52			Cem. Balt	o., Md.	
	ALG 30	TRAR II	ton W	Miaus, M.P.	25 FONERAL DIRECTOR	ckner 42	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF August 28, 1952 ALMA 1 1 H. RIIGGLES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) I'f not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) University Parkway & 39th Street Baltimore D. STREET ADDRESS (If rural, give location) Mos University Parkway & 39th Street Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under I Year I H Under 24 Hours I Months; Days Hours; Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female White Divorced Aug. 28, 1900 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY U. S. A. Milwaukee, Wisconsin None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chas. Herman Ruggles Virginia Cabell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Tudor Arms Mrs. Walter P. Montague. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ы U 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A, DATE OF OPERATION EDICAL YES NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB UTING [] CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \$\mathbb{K}\$, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 29. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24B. DATE 24C NAME OF CEMETERY OR SREMATORY 240. LOCATION (City, town, or county) ureal DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S

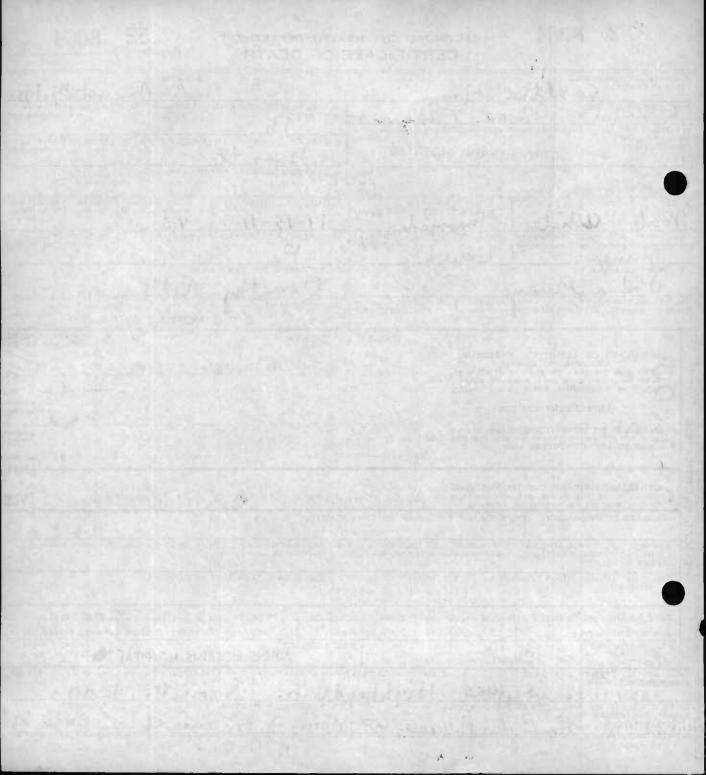


G-652 8084

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

\$52 8064

BIRTH NO.	- OI BLATTI
1. NAME OF DECEASED (Type or Print) Continue Manage	2. DATE OF DEATH OWART 29, 1957
3. PLACE OF DEATH: A. Baltimore City, Maryland Wed. The	4. USUAL RESIDENCE (Where deceased lived, I Institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
JOHNS HOPKINS HOSPITAN	Sumett township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 1 Under 1 Year 11 Under 24 Hours Interest Months Days Hours Min.
10a. USUAL OCCUPATION (Givekinded) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life, even if retired Coal INDUSTRY	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (if yes, give war or dath of service) SECURITY NO.	17. INFORMANT ADDRESS
	JOHNS HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY	OF DEATH
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	ULA MENINGO-ENCEPHALITIS 4 WKS
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NATED LUPUS ERYTHEMATOSYS 15 YRS
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	
2 ID. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED INJURY	
m. WORK L. AT WORK L	2-12, 1952 to 5-29, 1957, that I last saw the
deceased alive on $\frac{1952}{1952}$, and that death occur	
234 SIGNATURE La Senter M.D. 2	38. ADDRESS JOHNS HOPKINS HOSPITAL 23c. DATE SIGNED
24A, BURIAL, CAME 24B, DATE 24C, NAME OF CEMETER	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
OG 3 1 1952 Huntington Williams, M.	Wm. J. Trekner of Sans Belto Mid
VS 150	500/8/06
of the first	



CERTIFICATE CORRECTED BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or , IIMORE HOSPITAL OR location) outside corporate limits, write RURAL and give INSTITUTION ansdowne bud Yrs. D. STREET ADDRESS (If gural, give location) Mos. Ballemore ave ngth of stay in Baltimore Days 9. AGE (In years If Under I Year lyst barthday) Months Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 6. COLQR OR RACE WIdowEd 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) NDUSTRY WHAT COMMTRY MESTIC 13. FATHER'S NAME 2 my der 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yee, no or unknown) SECURITY NO. KATHERINE 1 NO 217-07-1812 Instinkus a 929 BALTO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, a. S. C. V. D. Z Rypettensia injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. urinery bladder OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION (19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS DICAL

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

2. I hereby certify that I attended the deceased from____ deceased alive on 8-29 19.52, and that death occurred at 4:38 m., from the causes and on the date stated above.

23A, SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

15ALTIMORE REGISTRAR'S SIGNATURE

NOT WHILE

25. FUNERAL DIRECTOR

8-5

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

195208-29

IJALLIMORE,

(If in Baltimore City, give exact location)

. 125 7that I last saw the

VS 150

LOURIAL DATE RECEIVED BY

LOCAL REGISTRAR

OF INJURY

Huntington Williams My?

SEO. L. SchwAb

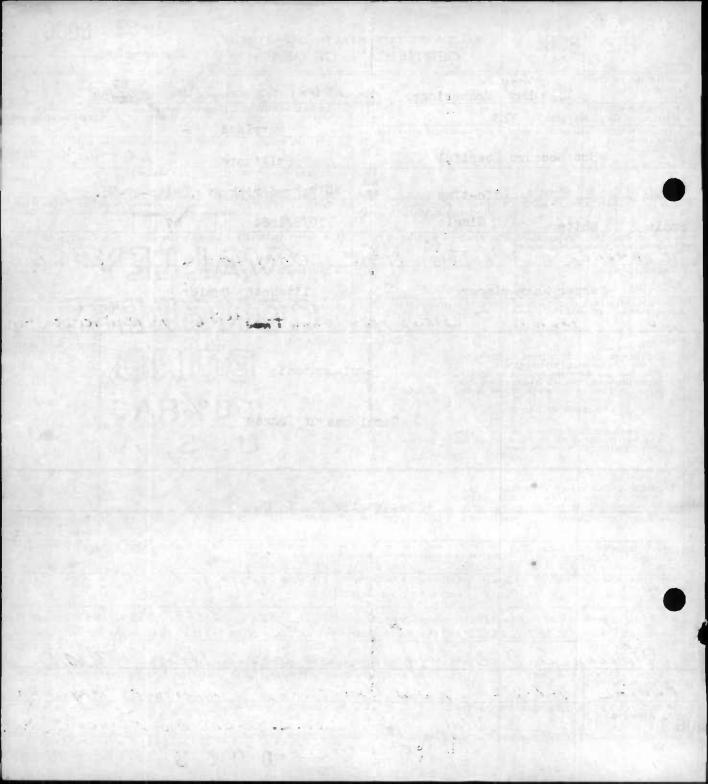
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BALTIMORE CITY HEALTH DEPARTMENT

52 8066

BIRTH NO.	RTIFICATI	E OF DEATH Registered No.	
1. NAME OF DECEASED MARY	1	. 2\DATE 20	
(Type or Print) Miss Nay Mesmerin	nger (An	NA MARY MESHERINGER BATH 8/30/52	
a. Baltimore City, Maryland YES			residence re admission)
B. FULL NAME OF (If not in hospital or institution, given HOSPITAL OR	e street address or location)	Maryland C. CITY OR TOWN (If outside corporate limits, write RIII	DAY d t
INSTITUTION	10041011/	600 At 6 1	township)
Bon Secours Hospital		Baltimore	,
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
gth of stay in Baltimore Life-time	Days	2017 Frederick Ave. Balto-29-Md.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR WIDOWED, DI	RRIED, VORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years f Under Year last birthday) Months: Days	Hours: Min.
Female White Single		10/8/1884 67	
10A. USUAL OCCUPATION (Give kind of the total of the tota	USINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZI	EN OF
EXAMINER CLOThin	a MFa.	MARYLAND	CA
13. FATHER'S NAME	1 17	14. MOTHER'S MAIDEN NAME	J. //
Casper Mesmeringer		Flizeboth Dumler	
	SOCIAL	Elizabeth Dumler	
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Anna TREULIE 16 N. Wheel	1
	5-03-9849	गानामा गाँउ विशेष	AL BETWEEN
18. 14/ 1	CAUSE		AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
(This does not mean the mode of dying, e.g.,	(A) Carc	inomatosis	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO		
ANTECEDENT CAUSES			
	(B) Carcin	oma of Tongue	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO		
UNDERLYING CONDITION LAST.	10		
2	(C)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
OTHER SIGNIFICANT CONDITIONS CON-			
O TO THE DISEASE OR CONDITION CAUSING IT.		ve C V D	
19A. DATE OF OPERATION 19B. MAJOR FIND	INGS OF OPER	ATION 20. A	UTOPSY?
<u> </u>		YES	NO X
	FINJURY (e. g., ii tory, street, office bldg., e		ocation)
21D. TIME (Month) (Day) (Year) (Hour) 21E. IN	NJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?	
m. WHILE A			
22. I hereby certify that I attended the decea	sed from 8	- 10 , 1952, to 8. 29 , 1957 that I le	ast saw the
deceased alive on 8-29 19 22 and to	hat death occur	red at 11 55 p.m., from the causes and on the date st	ated above.
	2		
I Illiam a. Villabr	uy M.D.	850 Deans / tosp. 8/30	1/32
24A. BURIAL, CREMA- 24B. DATE 24C. N	AME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)
BURIAL 9-1-52 N	EW CA	THE LAAL BALTIMORE, MARY	LAND
DATE RECEIVED BY REGISTRAR'S SIGNATURE	5.00	25. FUNERAL DIRECTOR ADDRESS	5
UG3 PESTEAR	1 8000	GEO. L. Schunb 2101 Frideri	ex Am
Juntanton // has all	UA- NO	בייטבייטים אויטין אניטיטיים	7 110
VS 150	5 6.90	46-08063	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Ronald Aug. 30, 1952 Carter DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or OWARD HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Ellicott City St. Agnes! Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. Main Street ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years ff Under 1 Year If Under 24 Hours WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. Male 7-11-1952 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Carter Joann Harding 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) (If yes, give wer or dates of service) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 2 198. MAJOR FINDINGS OF OPERATION 4 DIC 2/s. PLACE OF MURY (6. g., in or about home, farm, feetbory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 2. I hereby certify that I attended the deceased from_ 1952 to . 19 that I last saw the deceased alive on 8/30 .. 19 and that death occurred at _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D. 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

8061

25. FUNERAL DIRECTOR

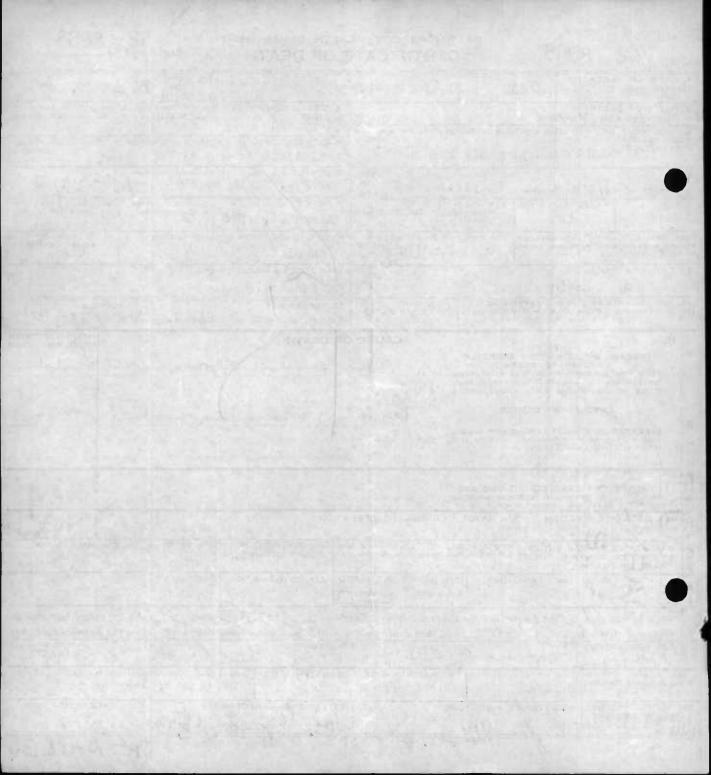
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BALTIMORE CITY HEALTH DEPARTMENT

7-150 BALTIMORE CITY HI	EALTH DEPARTMENT 52 8068				
000	E OF DEATH E OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) JACOB BENJAMIN LEVINE	2. DATE OF August 30,1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a STATE B. COUNTY before admission) Maryland				
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 2012 Pennsylvannia Avenue					
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)				
5. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. White White Specify	8. DATE OF BIRTH 9. AGE (In years If Under I year Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Furniture	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Sol Levine	14. MOTHER'S MAIDEN NAME Anna ??				
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (You, no or uoknown) (If you, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Charles Levine- 539 N. Chester Street				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OBATH, BUT NOT RELATED	en bon Amntyr tutela en Christians you.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	YES NO				
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK AT WORK 192. to Lee 31, 292, that I last saw the					
deceased alive on 1,15, and that death feet	23B. ADDRESS MANY COR GEY 30 52				
24a. BURIAL, CREMA- TION, REMOVAL (Specify) 8/31/52 24c. NAME OF CEMET Ohr Knesseth	Israel Baltimore, Maryland				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Sol. Junger 1 Broz - 1124-26				
VS 150	W. North One				



52 8069
BIRTH NO.
1. NAME OF DECEASED (Type or Print) JOSEPH

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE OF JOHN O'KUM August 29, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland A STATE B. COUNTY before admission) "f not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Lutheran Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Moa 3332 Burlith Avenue ength of stay in Baltimore Dave 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 6 COLOR OF RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH If Under 24 Hours WIDOWED DIVORCED (Specify) White Male marri 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF MOUSTRY work done during most of working life, even if retired) WHAT COUNTRY 13. FATAER'S NAME 15. WAS DECEASED VER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICATI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO X YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB UTING [] CAUSE OF DEATH 21E. INJURY OCCURRED 210, TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes M, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER....

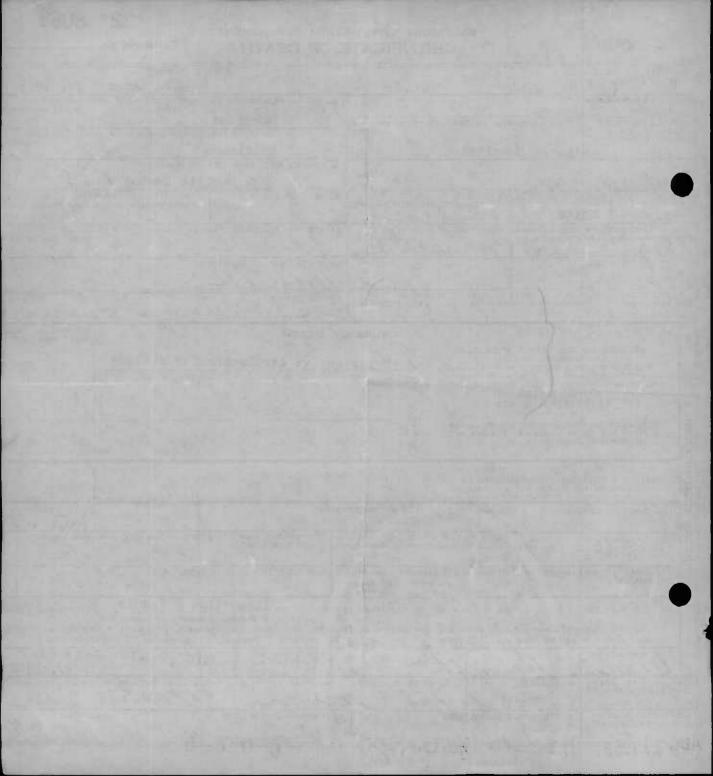
MEDICAL INVESTIGATOR

24A BURIAL, CREMA-TION, REMOVAL (Specify) 246 NAME OF CEMETERY 24B. DATE OR CREMATORY | 240. LOCATION (City, town, or county)

DATE RECEIVED BY DIRECTOR LOCAL REGISTRAR

ADDRESS

(State)



W-65	8070
BIRTH NO.	

52	8070
red No	

V	1 52	8070	BAL	TIMORE CITY HE	EALTH DEPARTMENT 52 8070			
				CERTIFICATE	E OF DEATH Registered No.			
	NAME OF D	FCFASED			2. DATE			
	ype or Print)	DAVID F. W	OERNER		OF DEATH Aug. 29, 1952			
	PLACE OF D Baltimore C				4. USUAL RESIDENCE (Where deceased lived. If institution: reside A. STATE B. COUNTY before adm			
	FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL a	and adven		
	STITUTION	5914 Marluth	Arro		tov	vnship)		
7	-0	2314 Marrage	AVE.	Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)			
	enoth of s	tay in Baltimore		Mos. Days	5914 Marluth Ave. 26-0/			
	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under	24 Hours		
m	male white married (Specify)			Aug. 27.1896 last birthday) Months Days Hours	Min.			
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
WINE	opticia	of working life, even if retired)	Schumac	cher&Foreman	Balto., Md. USA	NTRY?		
13	. FATHER'S N			71.02 (12.02.011.011.	14. MOTHER'S MAIDEN NAME			
	George :	F. Woerner			Ida Hoffman			
15 (Ya	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	6		
`	no		,	SECORITI NO.	Mrs. D. F. Woerner, 5914 Marluth Ave. H	alto		
	18. 42	0.1		CAUSE	OF DEATH INTERVAL BE			
		E OR CONDITION		1		·		
		not mean the mode of	f dying, e. g		Zonary Thionroses 20m	in		
	injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e, .) DUE TO	X			
	ANTECEDENT CAUSES							
z				(B)	many Cutery Disease 2 yr	2		
임	RISE TO T	OR CONDITIONS, I	STATING TH		0			
A	UNDERLY	ING CONDITION LA	ST.	(C)				
ERTIFICATION								
RT		IGNIFICANT CONDI						
믱		TO THE DEATH, BUT						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				ATION 20. AUTOF	SY?		
N C			1			ND 4		
1EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?							
Σ	D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?			
h	INSORT		m.	WHILE AT NOT WHILE				
	22. I hereb	22. I hereby certify that I attended the deceased from X-29, 1954 to 8-29, 1954 that I last saw the						
	deceased al	ive on 8-24	red at 7.30p.m., from the causes and on the date stated	above.				
I	23A. SIGNAT		alisi		38. ADDRESS 23c. DATE SI 8-30-5	GNED		
24	A. BURIAL. (S	REMA- 24B. DATE	0	24c. NAME OF CEMETE	RY DR CREMATORY 24D. LOCATION (City, town, or county) (State)		
110	burial	Sept.2,1	952	Jerusalem Luth	. Cemetery Balto., Md.			
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ADDRESS								
AUG 3 1 1952 Mantington Williams, My. Lassakut tennel How 7401 Belair Rd.								
VS 150 1 9 5 2 0 58 3 68 LD 6 7								

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1-520	FALTH DEPARTMENT 52 8074
02 8(1"/1	DEI ARTIMENT
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Thomas, Miss Louisa O.	DEATH QUOUST 30, 1952
A. Baltimore City, Maryland Baltimore, Maryland	4. USUAL RESIDENCE (Where deceased liver. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	maryland
HOSPITAL OR location	c. CITY OF TOWN (If outside corporate limits, write RURAL and give
Home for Incurables, 700 lor. 40 14 St	Baltimore
Yrs.	D. STREET ADDRESS' (If rural, give location)
ngth of stay in Baltimore 35 years Days	- Plaga 4/8
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH 9. AGE In years If Under 1 Year It Under 24 Hours last Birthday) Months: Days Hours Min.
temale white Single	Dec. 20, 1875 76
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work donedurlog most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
mone -	Maryland St Marys 60. U.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
george Thomas	Ellen Ogle Beall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, od or uokoowa) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT PAY ADDRESS
200	Laura Fischer Home For Incombles Records
18. 4201 and 170x CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	many Thrombour 13 Days.
heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) .

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

20. YES

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

24C. NAME OF

218. PLACE OF INJURY (e. g., in or

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

NOT WHILE

I hereby certify that I attended the deceased from

29, 1952 and that death occurred at 239 deceased alive on A.

238. ADDRESS

21c. WHERE DID

INJURY OCCUR?

, 1957 that I last saw the duses and on the date stated above. 23C DATE SIGNED

23A. SIGNATURE 24B. DATE

214

(If in Baltimore City, give exact location)

(State)

DATE RECEIVED BY

CERTIFICATION

EDICAL

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

LOCAL REGISTRAR

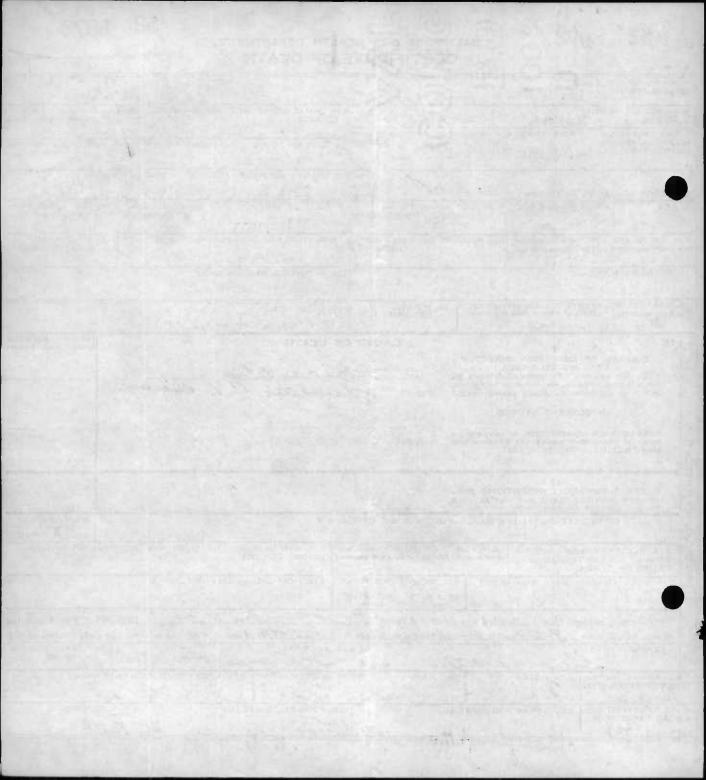
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Sacretand done has wireless your your Salthering Table - organiz settles steady Per 34/1875 76 Maryland St many Town 18 com

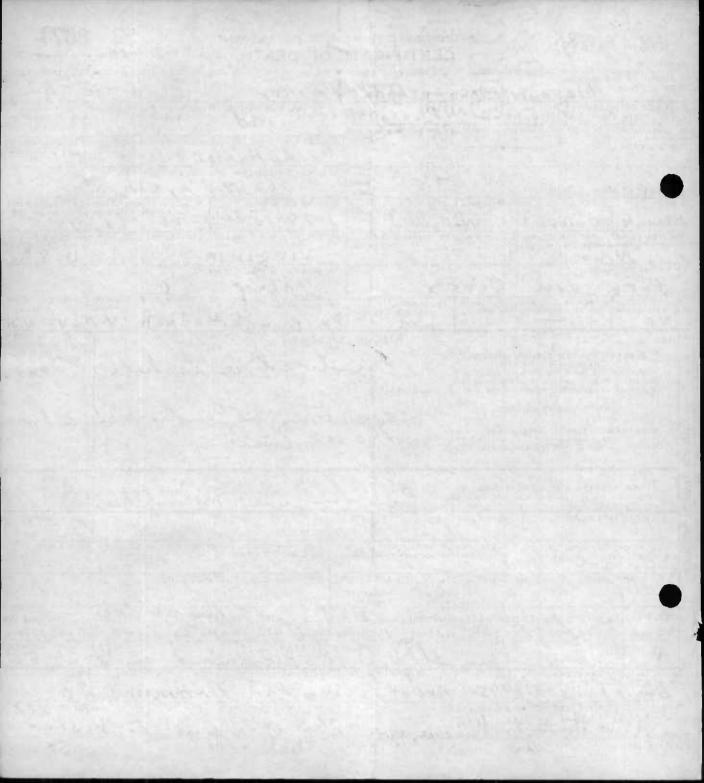
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	() re	(30) 10

52 8072

BIRTH NO. CERTIFICATE	E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) Mr. Gilbert Redifer	2. DATE OF DEATH 8-29-52
S. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION St. Agnes Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ngth of stay in Baltimore 40 Years Mos. Days	D. STREET ADDRESS (If rural, give location) 2451 Washington Blvd. 25-43
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Married	8. DATE OF BIRTH 9. AGE (In years f Under 1 Year M Under 24 Hours Min. 12.16 1071 40 Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired) INDUSTRY Foreman #41% (1155 Factory	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?
John	Mary Gibson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	St. agurs Hoshital ADDRESS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	onset and Death Pricarditis Lumatic C. V. Bliscase
. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ebout home, farm, fectory, street, office bidg., electron cause of Death 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-deceased alive on 8-29, 1952, and that death occur	1952 to 8-29, 1952 that I last saw the red at 11:55 ft., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED 8-29-52
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER THON, SEMUVAL (Specify) 8/2/52 Loudon	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Park Besto. Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
UG 31 1952 Hunlington Williams, Mich	335 mc. (26) V. Jank J.



1	P.6	2	6				Dr	Chi.	5501	1	
	52	8	073	BAI			EALTH DEPA		D14-		073
_	RTH NO.				CERTIF	FICATI	E OF DEA	ATH	Registere	ed No	
	NAME O		MISSOUR	(MIS	SAUTA) 111.	PArKe	r	2. DATE OF DEATH	-28	-52
A.		re Cit	y, Maryland		1. PAYS		4. USUAL RES	MILE (Wh	nere deceased lived B. COUNTY		ion : residence before admission)
H	FULL NA OSPITAL O	OR	(If not in hosp	ital or institut	tion, give street	t address or location)	C. CITY OR TO	WN (If o	utside corporate l	limits, write	RURAL and give
3-	131110110						8 H	HIMO	re	16-0) 4. township)
G	ngth o	of sta	y in Baltimore		35	Yrs. Mees Days			aral, give location	~ /	
5.	SEX		Color or RACI	WIDOV	E. MARRIED, VED, DIVORCI		7-19-	1876	9. AGE (In year last birthday)		ays Hours Min.
10 worl	k done during	OCCU most of w	PATION (Give kind orking life, even if retire	I 108. KIND	OF BUSINE		11. BIRTHPLAC	E IN IA	eign country)		TIZEN OF
13	FATHER			4			14. MOTHER'S		ME		0.3.47
1 15	BUY	5	verss	Col	e 5		MA	44	?		
(Ye	N D	owo)	EVER IN U.S. ARM (If you, give war or da	ED FORCES?	16. SOCIAL	ITY NO.	17. INFORMAN	11 4	Houles	ADDRES	5 702
	18. 4	42	ex.		•	CAUSE	OF DEATH	R. C. L.	od WEIT	INT	ENVAL BETWEEN
	DIS		OR CONDITION			0.	1	0 11.	1	, ON	SET AND DEATH
	heart f	does no failure,	ot mean the mode asthonia, etc. It me	of dying, e. i	e,	حب	uva	Hen	wha	si e	days
	injury		mplication which		a.) DUE TO	1	4	0	0		
TION	DISEA		R CONDITIONS,		(B) .A	Type	lensi	no ca	rolis-d	ascela	Unknown
	RISE T	O THE	ABOVE CAUSE (A) STATING TH	HE DUE TO	re	ral di	na	e.		
RTIFICA					(C)				••••••		
Ш	TRIBU'	TING T	NIFICANT CONE	NOT RELATE	ED P	ne	her:	a Tm	alust.	t-	
LC			OPERATION		FINDINGS	OF OPER	ATION			2	O. AUTOPSY7
EDICAL	214 AC	CIDEN	IT WAS UNDER-	218. PL/	ACE OF INJU	RY (e. g., i	o or 21c. WHER	E DID (If	in Baltimore Ci		et location)
MED	LYING[CAUSE	OF DE	CONTRIBUTING [about home,	ferm, factory, stree		INJURY OC	CCUR?		131 B.10 C.10	
	21D. TIM		onth) (Day) (Yea		WHILE AT	OCCURA		YAULNI DID	OCCUR?		
	22 1 ha	rahu e	certify that I a	m.	WORK L	AT WORK		950, to A.	428,	05 2000	I last saw the
	deccase	d aliv	eron Aug 2	7, 1952	and that de	ath occur	red at 7 %	m., from the	e causes and o	n the date	stated above.
	23 N SIG	Ya	Pland	Phra	ill)	M. 6.	1038	Edmo	udson	\$3c.	3052
	BUT BURIA			1952	AVOUT	F CEMETE	Mom P	10 17	CATION (City, to	-	ty) (State)
D/ LC	ATE RECE	IVED E		S SIGNATU	JRE		25. FUNERAL			ADDR	ESS 217
T	UGVS 15	0	. J	- TYPE	E. M		Cagno	June		7 /	SX
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BALTIMORE CITY HEALTH DEPARTMENT

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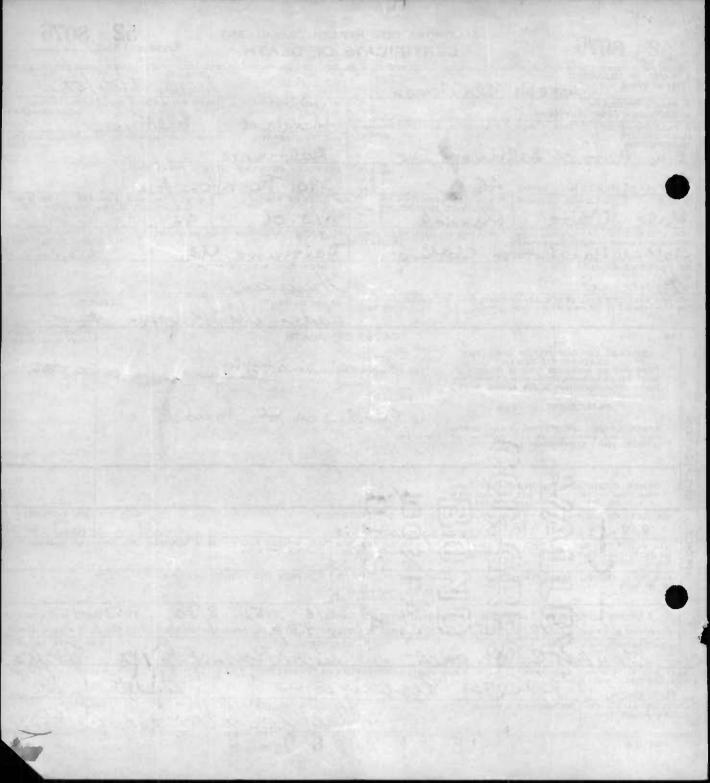
RI	CERTIFICATE OF DEATH Registered No.									
1.	1. NAME OF DECEASED 2. DATE									
•	ype or Print)	Elizabeth	. Pl	ero Eli	zabeth	Pless		OF DEATH	mans	+30.1952
Α.	PLACE OF D Baltimore (A. ST	ATE 20	ENCE (W	Where deceased live	ed. If nstitu	tion: residence before admission)			
	FULL NAME	OF (If not in hospits	al or institut	ion, give street address locati		TY OR TOWN	11	outside corrorate	limita muit	eRURAL and give
IN	STITUTION	JOHNS H	OPKINS	HOSPITAL	0,01	nem	Grant	Q	mmes, writ	township)
congth of stay in Baltimore Yrs. Mos. Days						REET ADDRE		rural, give location	on)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.						TE OF BIRTH		9. AGE (In yea		
F	emale	White.	max	ED, DIVORCED (Spec		0-30-	16	35) Months	Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BI			oreign country)	12.0	ITIZEN OF
	LOBO GUITING LIOSE	or working the even it recited)		, indust	N.I.	WHAT COUNTRY?				
13	. FATHER'S	NAME			14. M	OTHER'S MA	MDEN NA	AME		
15	WAS DECEAS	ED EVER IN U.S. ARMED	FORCECT	16. SOCIAL						
(Ye	, no or unknown)	(If yes, give war or date	of service)	SECURITY NO	. 17. IN	17. INFORMANT HOPKINS HOSPITAL ADDRESS				
	18. 111	v .		CAUS	E OF D	EATH				NTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	NA	10	7		_	°	NSET AND DEATH
	(This does	not mean the mode of	f dying, e. s	(AV///66	al	lens	200	7	***************************************	1 SNFais
	injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused death	e, .) DUE TO	1	that &	te	rosio		9
		ANTECEDENT CAUS	ES		1		. //	-1-1		~ 11
z				(B)	BRAL.	nalle	He	aN M	26420	- Lygon
TION	RISE TO T	S OR CONDITIONS, II	STATING TH	E DUE TO	1					
FICA	UNDERLY	ING CONDITION LA	ST.	(C)		•••••	************			
		- 11								
ERTI	OTHER S	IGNIFICANT CONDI	TIONS CON	l- D						
C	TO THE D	ISEASE OR CONDITION	CAUSING I	Γ	*********					
AL	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OF	ERATION	Ain!		Vo an		20. AUTOPSY7
N	21A ACCIE	ENT WAS UNDER	218. PLA	CE OF INJURY (o.	g., in or 2	c. WHERE D	OID (I	f in Baltimore C		xact location)
MEDIC	LYING OF	R CONTRIBUTING	about home,	arm, factory, street, office bl	lg.,eto.) IN	JURY OCCU				
	210. TIME	(Month) (Day) (Year)		21E. INJURY OCCU	110	F. HOW DID	INJURY	Y OCCUR?		
L			m.	WHILE AT NOT WH	K L					
	22. I hereb	y certify that I att	ended the	deceased from	8-25	1952	5 to 1	-35	19.52 tho	t I last saw the
		live on 8-30,	, 1952.	and that death oc		915 P.m.	, from ti	he causes and	on the da	te stated above.
	234. SIGNA	rone flar	delle	an M.D.	238. AD	DKESS	HOPKIN		1 200	A 30, 52
	N. REMOVAL			24C. NAME OF CEME	TERY OR	CREMATORY	24D. L	OCATION (City,	town, or con	(State)
	PEMOVA	L AUG. 3		CALVA	RY	CEM.	NEW	YORK	C }	77
D.	ATE RECEIVE		SSIGNATU	IRE	25. FI	JNERAL DIR	ECTOR	2		RESS
U	3 1 195	& Turting	ton W	diaux My	Wa	leans	41/6	Den. /2	17 3	T. PAUL ST
	VC 1EO	A		for mil.						

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files with 8-30-52 Shorter Haples They were Telson Horosbega Perfection as Balen

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4	22									FO	0000	
	FO 6	OMC		BAL	TIMORE (CITY HE	ALTH DEPART	MENT	w		8076	
		3076			CERTIF	ICATI	E OF DEAT	Н	Registe	red No.		
=	RTH NO.	ACCEACE	-5					1	2. DATE	-	,	
	NAME OF C	PECEASE	Joseph	40.	Lucian				OF	8/30	152	
	PLACE OF D	FATH:	OSEPH	DKA	M. K. W.C.L.	1	4. USUAL RESIDE	ENCE (Wh	DEATH ere deceased liv	ed. If inst	itution: residen	ce
	Baltimore (aryland				A. STATE	•	B. COUN	TY	before admi	
	FULL NAME	OF (If not in hospita	al or institut	ion, give street	address or location)	C. CITY OF TOWN	AL CITE		lmore	rite RURAL and	2 1
	STITLITION		000		-	,	C. CITY ONLOWN	(11 0	utside corporati	e nimits, w		nship)
- 5	sinaitt	OSP.	of Bas	Ltimo	re, Luc	1		ore.	und minudada	0-		
P				11		Yrs. Mos.	D. STREET ADDRE	- L.	irai, give locati	on)		
			Baltimore	46		Days	7401 10	OCKHO	ose Aug	<u>.</u>		
5.	SEX	6.COL	OR OR RACE		E. MARRIED, ED, DIVORCI	ED (Specify)	8. DATE OF BIRTH	1	9. AGE (in yes	y) Month	s Days Hours	
1	ble	Iwa	ite.	Mar	ried.		1/5/06		46			
10	A. USUAL OC		ON (Give kind of	10B. KINE	OF BUSINE	SS OR	11. BIRTHPLACE	State or for	eign country)	12	. CITIZEN OF WHAT COUN	JTRY
C	lothing	8 4	A .	er CI	othina	DOSTINI	Baltima	ve. N	10	(L.S.A.	
13	FATHER'S				0		14. MOTHER'S MA	IDEN NA	ME			
21	Hymo	2442					Hanna	l.				
15	. WAS DECEAS	ED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL		17./INFORMANT	Y		ADD	RESS	
(Ye	no or unknown	(If you	, give war or date	of service)	SECUR	ITY NO.	Sada.	1) low	Kuran		lame	
	1 - 1 - 1					DALLOR	Lance L	Down,	racen	- 10	IINTERVAL BET	WEEN
	18. /5/	X	1			CAUSE	OF DEATH				ONSET AND	
		LEADI	CONDITION NG TO DEAT	TH		C -	cinomato	0:0	•		2 1400	
			an the mode o nia, etc. It mea			Cax	chomato	218	•••••		- w/02	•
	injury or	complic	ation which c	aused death	DUE TO						1 1 1 1 1	
		ANTEC	EDENT CAUS	ES				CI	-		N. Tribert	
Z						Larca	inoma of	940 N	uach.		***************************************	
15	RISE TO	THE ABOY	ONDITIONS, II VE CAUSE (A)	STATING TH							1	
FICATION	UNDERL	YING CO	ONDITION LA	ST.	(C)				**************************	*************	•	
FIG												
RTI	OTHER	SIGNIFIC	II CANT CONDI	TIONS COR								
Lt.	TRIBUTIN	G TO THE	E DEATH, BUT	NOT RELATE	D //	one.						
U	19A. DATE		OR CONDITION		FINDINGS	OF OPER	PATION				20. AUTOPS	5Y7
7	0/0	152		Can		atos						10 1
EDICAL	214 655	DENT W	AS UNDER-	21B. PL/	CE OF INJU			OID (If	in Baltimore	City, give	exact location	
G	LYING C	R CONT	RIBUTING	about home,	arm,factory,stree	et, office bldg.,	etc.) INJURY OCCU	R?				
Σ	CAUSE OF		(Day) (Year)	(Hour) 1	21E. INJURY	OCCURR	ED 21F. HOW DID	INIIIRY	OCCUR?			
	F INJURY		(Day) (Teal)	,	WHILE AT	NOT WHILE		11150111	0000			
				m.	WORK	AT WORK			1-	-		
	22. I herei	by certi	fy that I att	ended the	deceased fr	rom_7/	26/6 , 196	2 to_8	/30	19574	hat I last sa	w th
	deceased of		8/30	., 1952.	and that de	ath occur	rred at 9:30 p.m.	, from th	e causes and	on the	date stated a	bove
	23A. SIENA	TURE	10	0	0	2	ADDRESS	/	00		23c. DATE SIG	NED
	3770	Zule	ref C.	aul	uch	M. D.	Suriet	saa.	other	The.	8/30/	5
2	BURIAL,	CREMA-	B. DATE		24C. NAME O	FCEMETE	RY OR CREMATORY	AD. LO	ATION (City	, town, or	county) (S	state)
1/	uncas	R	9-1-	12	Ur	ku	grow	111	Da	eto	Me	2
	ATE RECEIVE		REGISTRAR'	S SIGNATI	JRE	()	25. FUNERAL DIR	ECTOR	1)	A	DORESS	
L	OCAL REGIS	TRAR					lack Los	vas à	BUD Z	iont	5 200	3/6

VS 150



8077 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH A. TATE B. COUNTY 3. PLACE OF DEATH: institution : residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) JOHNS HOPKINS HOSPITAL (Inrural, give location) D. STREET ADDRESS Yrs. Mos length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | ii Under | Year | ii Under 24 Hours last birthday) | Months: Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Vidoured 10A USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR Work opeduring most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? vouse weeke 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME no 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL JOHNS HOPKINS HOSPITAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 1201 ONSET AND DEATH cardial Infant DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE AT WORK WORK 1952 that I last saw the 30 22. I hereby certify that I attended the deceased from. deceased alive on_ 23B. ADDRESS 23C/DATE SIGNED 23A. SIGNATURE JOHNS HOPKINS HOSPITAL 244 BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION City, town, or equnty) 24B, DATE ucreak DDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

1						
		BALTIMO	ORE CITY HEA	LTH DEPARTMENT	52	8078
	52 8078 IRTH NO.	CEF	RTIFICATE	OF DEATH	Registered No.	00.0
1	NAME OF DECEASED				2. DATE	
(7	'vne or Print)	ARLES JOHN	RITTERHO	FF	OF Aug.	28, 1952
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (WA. STATE		
8.	FULL NAME OF (If not in)	hospital or institution, giv	e street address or	Maryland	B. COUNTY	before aumission
	OSPITAL OR STITUTION		location)	c. CITY OR TOWN (If	outside eorporate limits, w	rite RURAL and giv
7	3510 Deniso	on Road		Baltimor		
1	11 6 4 1 7 10		Yrs. Mos.	D. STREET ADDRESS (If		
-	ngth of stay in Baltimo		Days	3510 Denison		er 1 Year It Under 24 Hour
	34 34	WIDOWED, DI	VORCED (Specify)		last birthday) Month	
10	DA. USUAL OCCUPATION (Give	Married kindof 108. KIND OF B		ay 7, 1888	reign country) 112	. CITIZEN OF
WOF	done during most of working life, even if r	etired)	INDUSTRY	Baltimore, Mo		WHAT COUNTRY
13	B. FATHER'S NAME	E TOHOTHS		14. MOTHER'S MAIDEN NA		USA
	Ernest Ritterho	off		Anna Lowmi	ller	
1! (Y	5. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. S	SOCIAL	7. INFORMANT 3510		RES 15
(No			Mrs. Carrie E		
	18. 33/X		, CAUSE OF	F DEATH		INTERVAL BETWEE
	DISEASE OR CONDIT		0	0 0 11	D	ONSET AND DEAT
	(This does not mean the n	node of dying, e.g.,	(A) Lorco	Gral Hen	rorrhage	8-213
	heart failure, asthenia, etc. I injury or complication wh		UE TO			
	ANTECEDENT	CAUSES	Qi.	arteriosch		P
Z	DISEASES OR CONDITIO	NC IE ANY CIVING	(B) Wille	wierosci	nosu	
ATI	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	E (A) STATING THE	DUE TO			
C	0.1521.21.110 001151110	11 LA31.	C- 0	1 Ala.	rhoae	00-
ERTIFIC	H		(0) 17.09	ral Hemor	reviage	9-9-5
ER	OTHER SIGNIFICANT C TRIBUTING TO THE DEATH,		- R+	Parilon.	0.1	1.9.51
U	TO THE DISEASE OR CONE	198. MAJOR FIND	INGS OF OPERAT	TION	na	120 AUTOPSY2
DICAL		0				YES NO
SIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Speeify)	2 IB. PLACE OF	INJURY (e. g., In or ory, street, office bldg., etc.	or 21c. WHERE DID (J	f in Baltimore City, give	exact location)
ME	HOMICIDE (opens)	about none, farm, face	or y, acrees once orag., occ.	JINSOKI OCCOKI		
-	21D. TIME (Month) (Day) (OF INJURY	Year) (Hour) 21E. IN	JURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
13		m. WHILE AT	NOT WHILE			
	22. I hereby certify that	I attended the decea	sed from 8 -	- , 1952 to 8	- 28-, 1952t	hat I last saw th
	deceased alive on 8 -		hat death occurre	ed at 5:45 from the	he causes and on the c	date stated above
	23A. SIGNATURE	Wind	235	B. ADDRESS P.M.	200 Qt 102	3c. DATE SIGNED
2	4A. BURIAL, CREMA- 248. DA	TE 240 N	M. D	OR CREMATORY 24D. LO	OCATION (City, town, or	county) (State)
	ON, REMOVAL (Specify)					

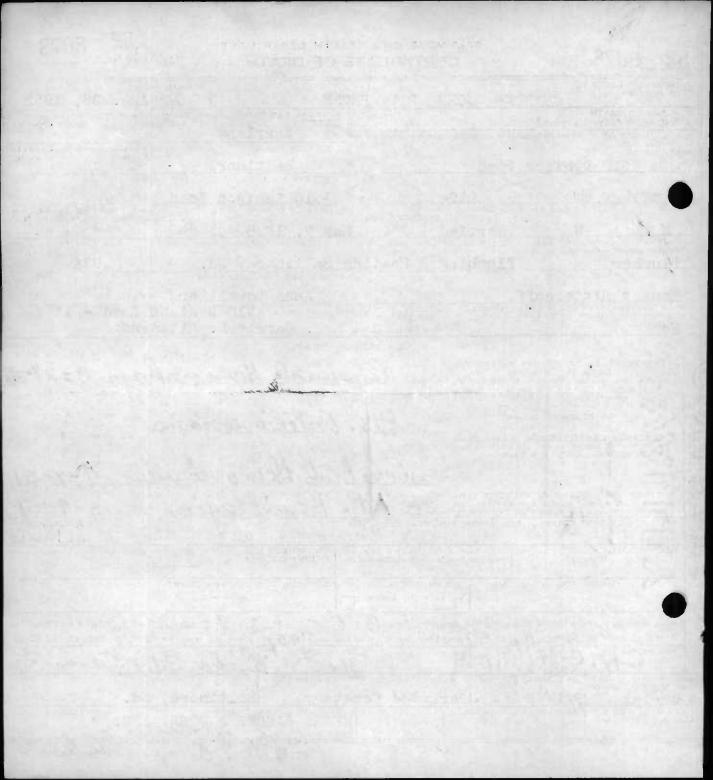
Parkwood Cemetery

REGISTRAR'S SIGNATURE

Baltimore, Md.

NERAL DIRECTOR
SANDER & SONS, INC.

burial
DATE RECEIVED BY
LOCAL REGISTRAR



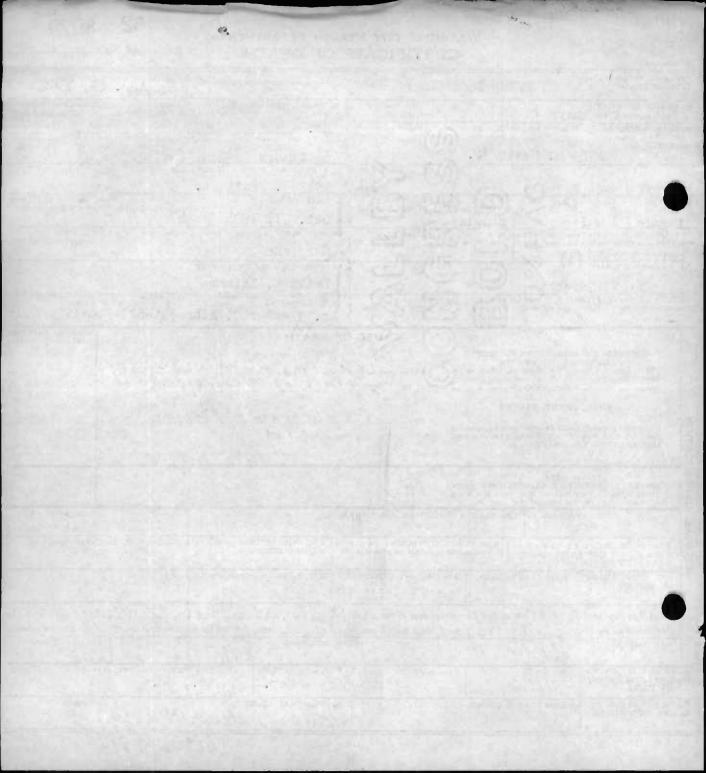
CERTIFICATE OF DEATH

52 8079

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Aug. 29, 1952 ETHELIND LECIAIRE ALBRECHT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 19/3 W. Pratt St. Baltimore D. STREET ADDRESS (If rural, give location) 19h3 W. Pratt St. ngth of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months; Days Hours! Min. WIDOWED, DIVORCED (Specify) Oct. 31, 1904 single white 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland never worked 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Katie E. Zaiser Frederick Albrecht 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Chester C. Albrecht-821 Fidelity Bldg 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY UE TO A general metas/ases. LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) remored Breast ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-CEI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE ATT (199 13, 1957 to 111929, 1953 that I last saw the I hereby certify that I attended the deceased from_ deceased alive on 64929, 1952 and that death occurred at 10 Am., from the dauses and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Balto. Md. Loudon Park Cem. 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE Wickner & Sons LOCAL REGISTRAR

VS 150

Salto 17, ma.



BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) GEORGE G. RUPPERSBERGER OF DEATH AUG. 30, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) BALTIMORE B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION MEMORIAL HOSPITAL BALTIMORE UNION p. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 9. AGE (in years if Under 1 Year Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? MARYLAND WHOLESALE MEAT Dealer Tholesale Meats 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DOBERLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT ADDRESS (Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO. UNKNOWN INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Myocardin Infarction

(B) Hypertennis attainchester

UE TO heart desire LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from AVG. 23, 1953 to AuG. 30, 1953 that I last saw the deceased alive on Aver. 30 1952, and that death occurred at 3550 m., from the causes and on the date stated above.

23A SIGNATURE 23c. DATE SIGNED

Union Memorial His 2-30-52

24A. BURIAL, CREMA-TION, REMOVAL (Sprify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial Oaklawn Cemeterv Baltimore, Md.

ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR

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GEORGE OF RUPPLE STEEL OR. AUFORD THE COMITICA SUPLINGE SECTION SETTINGS SETTINGS SETTINGS at the season in constitution 11-11-11-11 6.1969 19 1012 20071011 FEERBARD FEET SE FEETBERDER SE BURGET Discourse I to be ACCUMENTATION OF THE PARTY OF T AND ASSESSED ASSESSED.

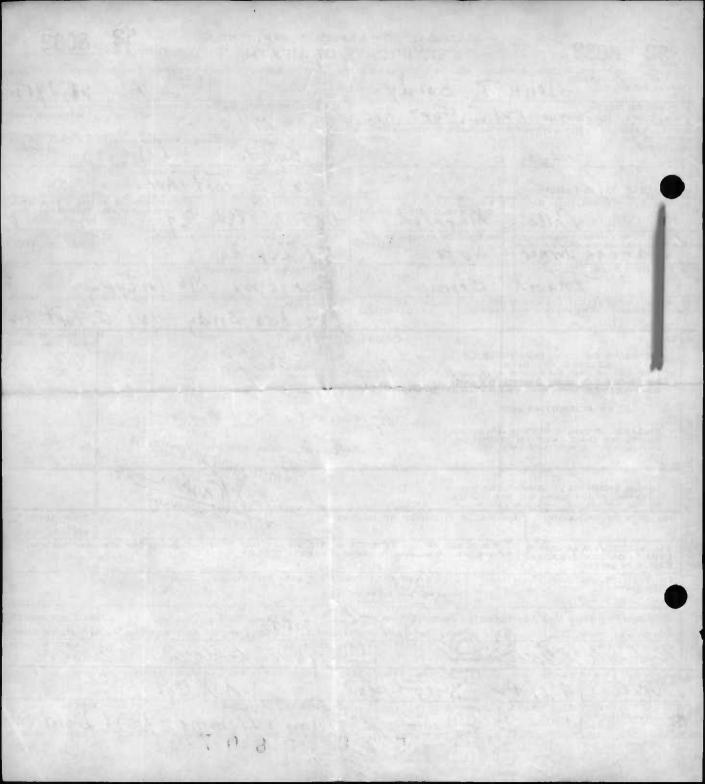
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) August 31, 1952 Dorothy Elizabeth Baker DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: before admission) B. COUNTY A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Hood Convalesant Home location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 5313 Edmondson Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1207 Oakhurst Place ength of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8, DATE OF BIRTH 9. AGE (in years) If Under 1 Year 6. COLOR OR RACE last birthday) Months Days Hours Min. Nov. 26, 1883 White 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Virginia Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alexander J. Sarah Jane Bartlet Martin 15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) Mr. Frank Baker, Br. 1207 Oakhurst Place None None INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICAL YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE AT WORK . 1952, that I last saw the 195/ to 8/ 22. I hereby certify that I attended the deceased from ______ ____, 19 5 2, and that death occurred at 16 A.m., from the causes and on the date stated above. deceased alive on 8/30 23c. DATE SIGNED 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIALY CREMA-TION, REMOVAL (Specify) Baltimore, Md. Sept. 2, 1952 Loudon Park Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR VS 150

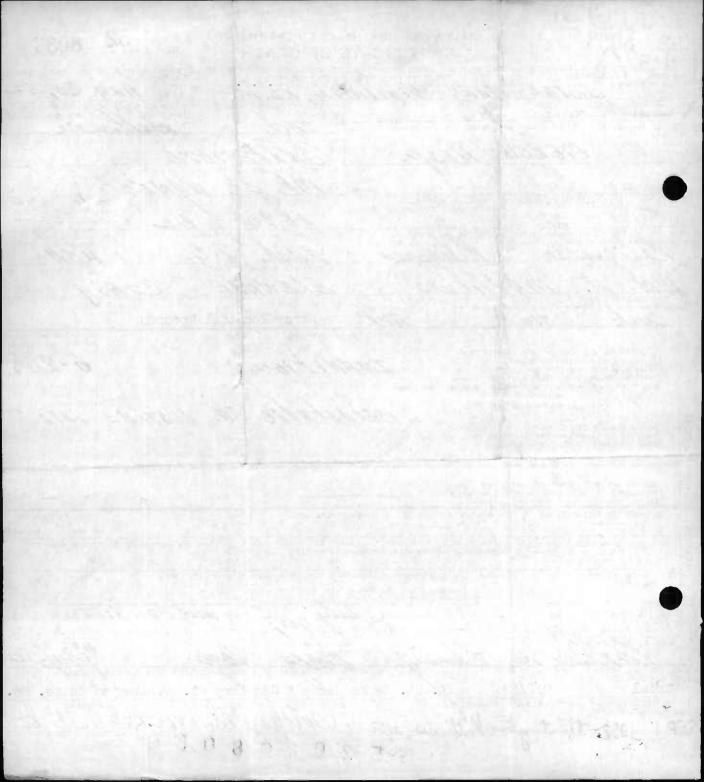
ADDRESS

DIRECTOR

VS 150



3	,20						1
ВІ	52 8083 RTH NO.				EALTH DEPARTMENT E OF DEATH	Registered R	8083
	NAME OF DECEASE	FERSI	STER MARY	VINCENTIA	MATHEWS R.S.M.	2. DATE OF DEATH	9. 30, 52
	PLACE OF DEATH: Baltimore City, M	aryland			4. USUAL RESIDENCE		Institution: residence before admission
B. He	FULL NAME OF (l or institution, g	rive street address or location)		If outside corporate limit	more
1V	STITUTION	DERCY	1/63	10.	BALFIN	POYE	township
		CY.	/	Yrs. Mos.	D. STREET ADDRESS	f rural, give location)	27-15
= 5.	ngth of stay in 6.COL	OR OR RACE	7. SINGLE, MA	Days ARRIED,	8. DATE OF BIRTH	9 AGE (In years)	I Under 1 Year If Under 24 Hours
	1=	W	WIDOWED, I	DIVORCED (Specify)	1890	last birthday) Mo	onths Days Hours Min.
	A. USUAL OCCUPATION OF WORKING		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	10	Kelly	usas	14. MOTHER'S MATDEN	.C.	454
	111m. H.	ma	f480	15	FIFANNI	o Pr	oio
15 (Ye	. WAS DECEASED EVER	IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO	17. INFORMANT	A	DDIESS
_	InR	TIMA	B	MAIC.	Mercy Hospit	al Records	
	18. 175K	1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR LEADI (This does not me	NG TO DEAT	Н	TNA	Witing.		6-80h
	heart failure, asthe	nia, etc. It mean	s the disease.	DUE TO			
	ANTEC	EDENT CAUS	ES	11-1	astatic en	1 11/1000	2
NO	DISEASES OR CO	NDITIONS, IF	ANY, GIVING	(B) //E/	ASTATIE CH	. OUBTIE.	3 1110
RTIFICATION	UNDERLYING CO			(C)			
FIC				(0)			
RTI	OTHER SIGNIFIC						
CE	TRIBUTING TO THE	OR CONDITION	CAUSING IT.				
AL	19A. DATE OF OPER	RATION 0 19	B. MAJOR FIN	DINGS OF OPER	RATION		20. AUTOPSY?
IEDICAL	21A. ACCIDENT W. LYING□ OR CONT CAUSE OF DEATH			OF INJURY (e. g., i actory, street, office bldg.,		(If in Baltimore City,	
Σ	21D. TIME (Month) QF INJURY	(Day) (Year)	(Hour) 21E.	INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
			m. WHILE			0	
	22. I hereby certi	fy that I atte	ended the dece	eased from	uly 100 210_		Athat I last saw th
	deceased alive on	111	, 190 - and	that death occur	m., from	the causes and on the	he date stated above
	Min	We K.	Ven	mell M.D.	Merly No	ugs.	8/30/52
710 TI	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	24B. DATE	24c.	///	NO OR CREMATORY 240		
D.	Burial ATE RECEIVED BY	9/2/5	SIGNATURE	St. Agnes	Convent Cemeter		landress //
	CAL REGISTRAR	H + +	- Miss.	(45)	H It Wears	Son 805 m	alunt st
H	VS 150	Juning	m Hallet	wa, May	0 6 0 0 0	0 0 0	
1				1 9 5 6	1/88W		
				4 4	hope		



TH DEPARTMEN Registered No. ERTIFICATE OF DEATH 1. NAME OF DECEAS 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE casilly Rd. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. igth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDDWED, DIVORCED (Specify) Il Under 1 Year 6. COLOR OR RACE 9. AGE (In years last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no or unknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT (Yee, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 7544 1 DISEASE OR CONDITION DIRECTLY ONSET AND DEATH Mising Coug. Least auoundis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) F OTHER SIGNIFICANT CONDITIONS CONы TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICA YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! WHILE AT WORK AT WORK 0/29 19.62 to_ , 19 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 8/30 1952 and that death occurred at A.m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED 238. ADDRES ar Cu 24c. NAME OF CEMETERY OR CREMATORY | 24g. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Baltimore, Md. New Cathedral 9/1/52 Burlal FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

Cay 1.4/52

8085 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) DEATHUR 30, 1752 4. SUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE

B. COUNTY before admissional admissions and admission admis 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR JOHNS HOPKINS HOSPITAL location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years | | Under | Year | | Under 24 Hours | last birthday) | Months | Days | Hours | Min. If Under 24 Hours 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home 13/KATHER NAME 14. MOTHER'S MAIDEN NAME MM. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL JOHNS HOPKINS HOSPITAL 17. NEORMANT (If yes, give war or d (Yes, no or unknown) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bidg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from_

20-1952to 8- 30-, 1952that I last saw the deceased alive on 8 - 30 - 19 52 and that death occurred at 2 30 m., from the causes and on the date stated above. 23C,DATE SIGNED

234. SIGNATURE 24A. BURIAL, CREMA 248. DATE 24C MAME OF CEMETERY OR CREMATIORY

21A. ACCIDENT WAS UNDER-

CAUSE OF DEATH

LYING OR CONTRIBUTING

JOHNS HOPKINS HOSPITAL

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAF'S SIGNATURE

25 FUNERAL DIRECTOR

ADDRESS

24D LOCATION (City, town, or county)

went promise Landal

365 52 8086 BALTIMORE CITY HEALTH DEPARTMENT 8086 Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE OBERT WARD STRAIN OF DEATH / 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (Af outside corporate limits write RURAL and give C. CITY-OR TOWN INSTITUTION township) Yrs. O. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED/DIVORCED (Specify) 9. AGE (In years | If Under I Year | If Under 24 Hours | Instrument | WidnWea 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? EXAMINER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 2-03-5030 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ū 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 105 2 flugger 30 195 that I last saw the 22. I hereby certify that I attended the deceased from Lug , 195 and that death occurred at 150R.m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 235-DATE SIGNED TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY MOON Duria DATE RECEIVED BY 25 SUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

52 8087

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) LEWIS F. H	HEWITT 2. DATE OF DEATH Aug.	30 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street addressed to the control of	ddress or location) 4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits,	stitution ; residence before admission) write RURAL and give
3600 White AAvenue	Yrs. D. STREET ADDRESS (If rural, give location)	4 4 township)
c. congth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	Mos. Days 3600 White Avenue	nder 1 Year If Under 24 Hours
male white widowed DIVORCED single	Oct. 2. 1883 last birthday) Mont	ths Days Hours Min.
Painter	Baltimore, Maryland	2. CITIZEN OF WHAT COUNTRY
Joseph A. Hewitt	Rachel Anna Cathers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 218-01-	17 INFORMANT	te Avenue
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	F OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, off CAUSE OF DEATH	Y (e. g., in or 21c. WHERE DID (If in Baltimore City, give office bldg., etc.)	
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF INJURY WHILE AT NO	m 1957 to Clug. 30, 1957	
24A. BURIAL, CREMA-1 24B. DATE/ 124C. NAME OF C	M. D. 50 & Z. WOLL ONE CEMETERY OR CREMATORY 24D. LOCATION (City, town, o	r county) (State)
		ryland
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR SFP 1 1952 Huntington Williams	25. FUNERAL DIRECTOR MEDEOnard J. Ruck, 5305 Har	ford Road.
1996		

Dr. Singer 506 W. E. North Ave. 16- 11:30 Mox

Phi Jillen . A Shored

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AMOUNTAL CONTRACTOR

Fire I - died Er. done Event, 5801 unt be Event

CERTIFICATE OF DEATH 151 Registered No. 088 BALTIMORE CITY HEALTH DEPARTMENT

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State. M.d. (b) County
(b) Street address 2832W. Mulberry St.	D = = 0
(c) Hospital or institution:	(c) City or town Baltimore 2000
<u>All</u>	(If outside city or town limits, write RURAL and give town)
	(d) Street No. 2832 W. Mulherry St.
ength of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country? Y.O. (Yes or No)
Length of stay in Baltimore (yrs., mos., or days)	If yes, name country.
3 (a) FULL NAME Dorother Rosorius	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No. NO	20. DATE OF DEATH aug 31 1952, at / 30 A M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	
female white divorced. Widowed	21. I certify that death occurred on the date above stated; that lattended deceased from 1952, to 44 31 19 5 2
6 (b) Name of husband or wife Christian Rosorius 6 (c) If alive, give age years	and that I last saw here alive on aug 3070 5
	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) Feb. 22, 1873	
8. AGE: Years Months Days If less than one day	or anoma Jamach 198.
79 hr,min,	Due to
9. Birthplace GERMONY	
(Town/county, and state)	Due to
10. Usual Occupation Home	
11. Industry or business	Other Condition
12. Name JOSEPH LENK	(Include pregnancy within 8 months of death) PHYSICIAN
13. Birthplace	Date of operation 14 44 19 12
7	Major findings of operation: Underline the cause to which
14. Maiden Name CATherina Eckenhafer	Carein may 1 storusch death should be
15 Birthplace	of autopsy: charged atatistically.
16 (a) Informant KARL ROSORIUS	22. If death was due to external causes, fill in the following:
(b) Address 2832 W. Mulberry 57	(a) Accident, suicide, or homicide
	(b) Date of occurrence
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?
(c) Cemetery or crematory Loudon Park	(City or town) (County) (State)
Location BALTO. M.P.	(d) Did injury occur about home, on farm, industrial place, in public
	place?
18 (a) Funeral director 3. Tr. SI ANS bury	(e) Means of injury
(b) Address 2700 EDMOND SON AUC.	23. Signature Dev Cellelle,
19 (DEP 2 1952 H- 4: + WW.	M. D.
(Date rec'd by registrar) multiplion Multiplian My	PAddress 4100 du on duy 4 Date signed 8-31-3

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

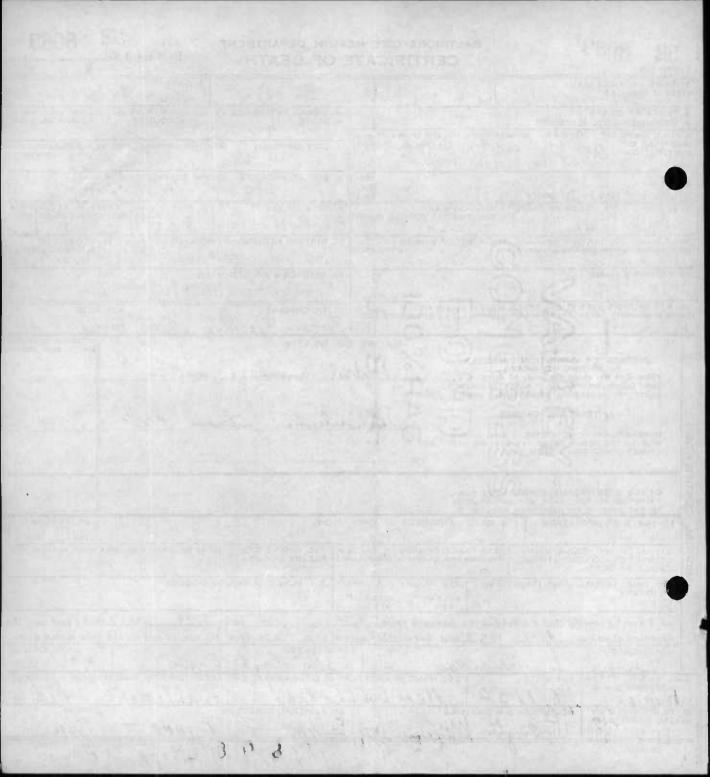
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BALTIMORE CITY HEALTH DEPARTMENT

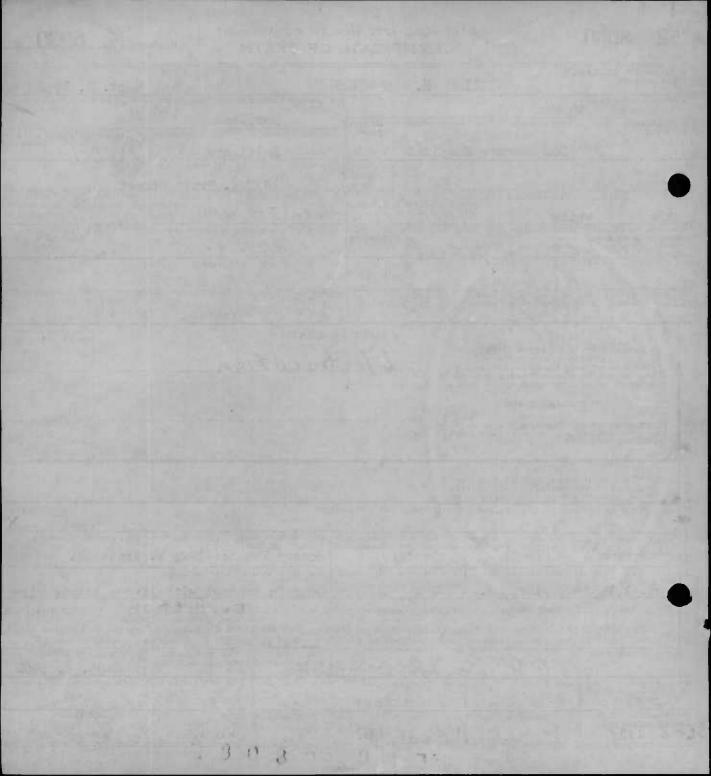
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	0	000		CERTIFI	CATI	E OF DEATH	Registered	No
-	NAME OF D	ECEASED					12. DATE	./ /
(T	ype or Print)	Brother ang	elus,	I.F.X. (Fr	ancis	. T. Curry)	OF OF O	/30/52
Α.		City, Maryland				A. STATE	B. COUNTY	f institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	Mt. St. Jo	sephis	College	ddress or location)		f outside corporate limi	ts, write RURAL and give township)
43		4403 Fred	erick C	avenue			iore di	3 township)
	Length of s	stay in Baltimore	*	3	Yrs. Mos.	D. STREET ADDRESS (If	Frederick	Are.
-	SEX	6. COLOR DR RACE		E. MARRIED.		8. DATE OF BIRTH	9. AGE (In years last birthday) M	if Under 1 Year Il Under 24 Hours onths: Days Hours Min.
	Male	White	SI	ngle		Feb. 15, 1899	53	
worl	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINES	S OR DUSTRY	Carrick, Irel	land	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S					14. MOTHER'S MAIDEN N		
		ohn Cur	1/			Bridget 8	Rockett	, ore
		ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURIT	TY NO.	17. INFORMANT		ADDRESS
	nknown			-		Brother Placidu	1s 4403 t	INTERVAL BETWEEN
	18. 44			C.	AUSE	OF DEATH		DISET AND DEATH
		SE OR CONDITION LEADING TO DEAT	ГН		Carlo	2.0 /20	must on	
	heart failt	s not mean the mode oure, asthonia, etc. It mea	ns the diseas	e,		iax ramanage	, multiple	***************************************
	injury or	eomplication which e			2 .			
7		ANTECEDENT CAUS	ES	(8)	bleres	releaster pyperten	suri CVP	yrs.
ō		S OR CONDITIONS, I		16			***************************************	
AT		YING CONDITION LA				***************************************	***************************************	
RTIFICATION	-							
RT		SIGNIFICANT CONDI						
CE		3 TO THE DEATH, BUT DISEASE DR CONDITION			•••••		,	
۲	19A. DATE	OF OPERATION O	98. MAJOR	FINDINGS C	OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIE	DENT WAS UNDER-	21B. PL/	ACE OF INJUR	Y (e. g., i		If in Baltimore City,	
MED	LYING O	R CONTRIBUTING DEATH	about home,	farm, factory, street,	office bldg.,	etc.) INJURY OCCUR?		
	D. TIME	(Month) (Day) (Year)	` '	21E. INJURY			Y OCCUR?	
			m.	WHILE AT WORK	AT WORK		1-0	
		by certify that I att	ended the	deceased fro	1110	2 30 1957, to	8/29 , 195	2, that I last saw the
	deceased a			and that dea		rred at a.m., from	the causes and on	the date stated above.
	23/ 9/IGNA	CONT L.	Levick	Ear	M. D. 4	5305 East	Prive	8/30/52
2 TI	4A. BURIAL.	CREMA- Speeify) 24B, DATE	52	24C. NAME OF	CEMETE		DIT	n, or eounty) (State)
	ATE RECEIVE		S SIGNAT	JRE	C 77 1	25. FUNERAL DIRECTOR		ADDRESS
L	CED 2	1999 Huntin	aton /	Villiama	MIR	Chas 7.	EVANS Y	- SON
	VS 150	I See		7 10	400	01/18 8MB 8	MTOROVO1	Ave.
1				(179	All o also	11, -1107 112	/1001



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) WILLIAM H. SAUNDE	2. DATE OF Sont 1 1052
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission
B. FULL NAME OF 'f not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township
Bon Secours Hospital	Baltimore D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Life Mos. Days 16. COLOR OR RACE 7. SINGLE, MARRIED,	1837 W. Pratt Street 18. DATE OF BIRTH 19. AGE (In years) Il Under 1 Year If Under 24 Hours
male white WIDOWED DIVORCED (Specify)	Augustia, 1887 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of work in clife, even if retired) A 1 0 E P SEL A INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of sarvice) SECURITY NO.	TRINFORMANT ADDRESS (ARRIE SAUNDERS 1837 W. PRATTS
18. Fail 6. CAUSE	OF DEATH INTERVAL BETWEET
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ctrocution
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB. about home, farm, factory, street, office bidg., UTING CAUSE OF DEATH.	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR? Monroe Theater-1924 W. Pratt St. 2-0 3
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
pt. 1,1952 10:00 A.m. WORK X AT WORK	above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or	Autopsy, Paspection or Inquiry Inquiry, find that said deceased died on the day stated above $ \Box $, accident $ \boxtimes $, suicide $ \Box $, homicide $ \Box $, undetermined $ \Box $.
	238. CHIEF MEDICAL EXAMINER
244. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE THOSE REMOVAL (Specify) 9-4-5-2 LONDON	PARK BALTIMORE Md. (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE SEPCE REGISTRAR H to to White	GEO. L. Schwab 310/ Trederick
VS 151 N992 X	nosno? Vace



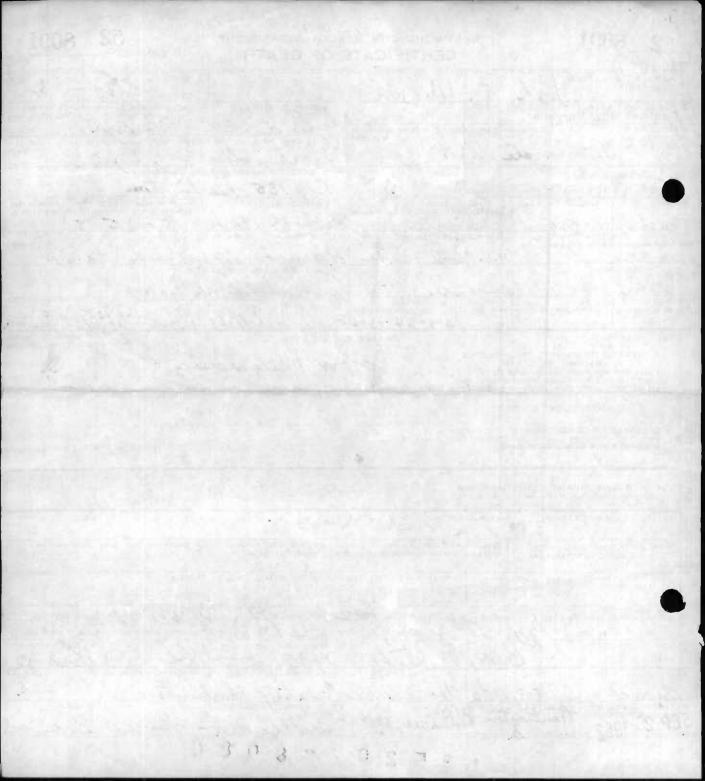
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52	8091
IRTH NO.	
NAME OF	DECEASE

52 8094

BIRTH NO.	000	CERTIFICATE	E OF DEATH	Registered No	GOUL
	F DECEASED	5 111. Pros		2. DATE. OF DEATH	7-36
	re City, Maryland	(()	4. USUAL RESIDENCE (W	Where deceased lived. If in B. COUNTY	nstitution : residence before admission
B. FULL NA HOSPITAL (INSTITUTIO	OR	or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits,	
- north	of stay in Baltimore	Yrs. , Mos.	D. STREET ADDRESS (If Bork 135 h)	rural, give location)	6200
5. SEX		Days SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years HU last birthday) Mon	Inder 1 Year If Under 24 Hours ths Days Hours Min.
temale	Negro OCCUPATION (Give klod of 10	OB. KIND OF BUSINESS OR	March 22, 1926 11. BIRTHPLACE (State or for	26 5	12. CITIZEN OF
less at	most of working life, even if retired)	.S. Maral Base	plaslington, m	langland	WHAT COUNTRY
13. FATHER	2. Sulla	SAI.	14. MOTHER'S MAIDEN N	Williamos	/
15. WAS DEC	EASED EVER IN U. S. ARMED FO	DRCES? 16. SOCIAL SECURITY NO. 214-24-/396	17. INFORMANT		DRESS /
(This heart injury	SEASE OR CONDITION DIF LEADING TO DEATH does not mean the mode of d failure, asthenia, etc. It means t or complication which caus ANTECEDENT CAUSES ASES OR CONDITIONS, IF A TO THE ABOVE CAUSE (A) ST ERLYING CONDITION LAST.	lying, e. g., the disease, sed death.) DUE TO (B) NY, GIVING ATING THE DUE TO (C) ONS CON-	Ney Wa	ua`	ONSET AND DEATH
ТО ТН	E DISEASE OR CONDITION CA		RATION		20. AUTOPSY1
LYING CAUSE	OR CONTRIBUTING 8 OF DEATH (Month) (Day) (Year) (H	21B PLACE OF INJURY (e. g., in bout bome, farm, factory, atreet, office bldg., cour) 21E. INJURY OCCURR	te.) INJURY OCCUR?	If in Baltimore City, gi	YES NO VE exact location)
OF INJU		m. WHILE AT NOT WHILE AT WORK	2.7 1032/40	C/2,1 106's	that I last saw th
decease 23A. SIG	GNATURE B	1957 and that death occur	2139	he causes and on the	e date stated above
24A. BURIATION, REMOVE BULL DATE RECE	al (Specify) Sept 3,19	242. NAME OF CENETE 952 Hosanna GLGNATURE	Country hlas 25. FUNERAL DIRECTOR	lingtone	ADDRESS (State)
SEP 2	GISTRAR Tuntingto	~ Williams ME?	Elevery & Re Month	1- Havro	le Hugo res

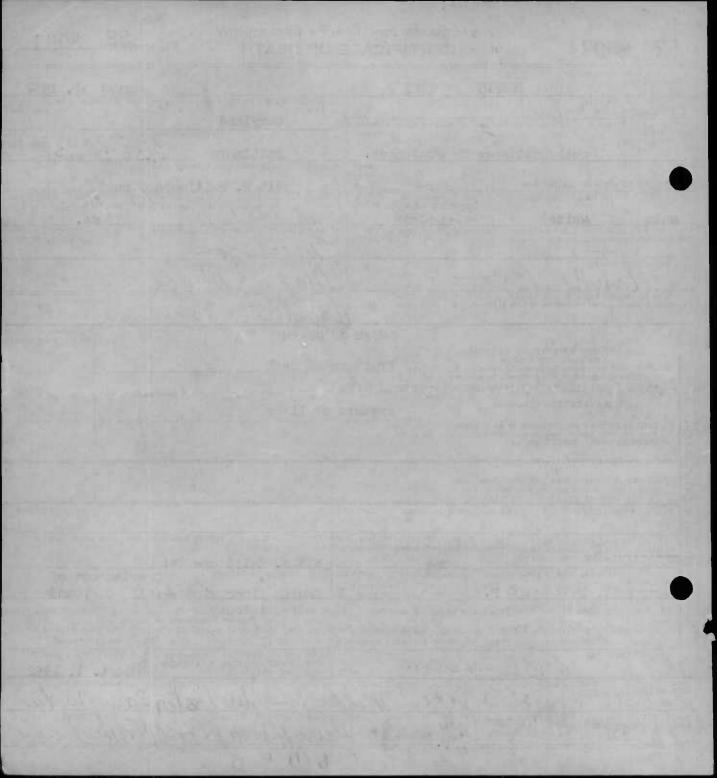
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9	BALTIMORE CITY HE	CALTU DEPARTMENT	
	52 CERTIFICATI		8093
	NAME OF DECEASED Type or Print) ROBERT PRITT	2. DATE OF DEATH August	31, 1952
A	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY Maryland	
H	FULL NAME OF If not in hospital or institution, give street address or location) NSTITUTION	C. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give
	South Baltimore General Hosp.	D. STREET ADDRESS (If rural, give location)	,
5	Length of stay in Baltimore C. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	815 W. Baltimore Street 8 DATE OF BIRTH 9. AGE (In years Il blide last birthday) Months	
	male white OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) INDUSTRY	11. BRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME PSILL	MAXIN MILLER.	
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	Griddfull 850 W. Ba	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Ruptur	of DEATH re of neck re of liver	ONSET AND DEATH
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
, L	ISA. BATE OF OF ENAMED IN SOCIETY OF THE STATE OF THE STA		YES X NO
MEDICA	UNDERLYING OR CONTRIB. OTTING LI CAUSE OF DEATH.	815 W. Baltimore St. 21F. HOW DID INJURY OCCUR? Crawled	s/3 out of
	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	above, held an autopsy Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the of □ accident □ suicide □, homicide □, under	hereon and from lay stated above etermined .
		.D. ASSISTANT MEDICAL EXAMINER Sept.	1. 1952 county), (State)
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR OCAL RE	els. Con Webster- Firm	g W. far
1	VS 151 N805.2	8/220	

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E9 0004		E OF DEATH	Registered N	8094
1. NAME OF DECEASED (Type or Print) MRs. MARGARET F.	LOCHNE	E 17	OF DEATH	1 11952
S. PLACE OF DEATH: A. Baltimore City, Maryland	POUNT	4. USUAL RESIDENCE (nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION MERCY HOSPITAL	street address or location)	C. CITY OR TOWN (I	BALTIM (outside corporate limits,	
ngth of stay in Baltimore LIFE	Yrs. Mos. Days	# 402 BLACK STONE	rural, give location) APTS, CHAS.+	33 RD STS.
FEMALE WHITE SINGLE, MARR WIDOWED, DIV		8. DATE OF BIRTH MAY-6-18 73	9. AGE (In years Mon	Inder I Year ths Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) HOUSEWIFE	SINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY
A. K. KISPERI		MARGARET M	_	: n
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	CURITY NO.	17. INFORMANT		DRESS
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DU UNDERLYING CONDITION LAST.	E TO	BRAL HEMO!		Z3 OAYS YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF about home, farm, factor			If in Baltimore City, gi	ve exact location)
CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended the decease deceased alive on SEPT 1, 1957, and the constant of the cons	ed from Aug. at death occur M. D. ME OF CEMETER	ED 21F. HOW DID INJUR	FPT / 1952	23c. DATE SIGNED
DATE RICEIVED BY RECETAR'S SIGNATURE SEP 2 1950 Thinkington William	us Me	25. FUNERAL DIRECTOR	5305 Hary	ard RS
VS 150	0 16	8091	h	

MAL MARIARET F. LEVINGER SWITSHESHOOD REW AND POLICE OF THE CHARLES THE SHEET EMALE YOURS WIGON Maryon-Litera . . . Madgazar Marcy of the 2816 MINISTER STATE OF THE STATE OF BOARDAY DESTRUCTE And the state of the state of the B-CHARLE

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	00
Registered No	8095

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ALEXANDER JOHNSO	N 2. DATE OF Aug. 31, 1952
3. PLACE OF DEATH: a. Baltimore City, Maryland 6028 Cu	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR Beech Hill Nursing Homecati	on) C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Beechland & Old Harford	Baltimore b. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Yr	2605 Creighton Avenue
male white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	oct. 14, 1888 9. AGE (In years of Under 1 Year of Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof ork done during most of working life, even if retired) Retired Self Emp. Painter	Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah Johnson	Mary Jane ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
	Mrs. Laura M. Knox, 2605 Creighton
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	enalized Carcinomatoris Eno Carcinoma of face, Monthe Monio Myo Carditis
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OR	PERATION 20, AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bl	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU WHILE AT WORK AT WO	ILE
22. I hereby certify that I attended the deceased from deceased alive on 1932 and that death of	curred atm., from the causes and on the date stated above.
23A. SIGNATURE 2. White M.D.	5214 Harro Rd. 1 Sept 52
Burial 9/2/52 Loudon Pa	rk (Gem.) Baltimore, Maryland
SEP 2 REGISTER REGISTERATE SIGNATURE Williams M	Pleonard J. Ruck, 5305 Harford Road.
VS 150 (1944-1944)	100000

Dr. White 5214 Harford Road.

Astrod Self Emp. Ventage

6028 old Denfuel Red.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) "f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION inore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE I 7. SINGLE, MARRIED BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. sungla 10A, USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME T4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no occurrence) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or wuknown) SECURITY NO 18. INTERVAL BETWEEN CAUSE OF DEATH 971.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) ome 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF IMJURY ISDIVATED vomitus WORK 22. I cortify that I took charge of the remains described above, held an. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🗀, accident 🖫, suicide 🗀, homicide 🗀, undetermined 🗀.. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR .. 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE. LOCAL REGISTRAR V S 151

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200	X
52 8097 BALTIMORE CITY HI	EALTH DEPARTMENT 52 8097
BIRTH NO. CERTIFICAT	E OF DEATH Registered No
1. NAME OF DECEASED	2. DATE
(Type or Print) WILLIAM V. VOYC	OF 9/1/52
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY There admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION Mercy Hospital	Balle township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR BACE 7. SINGLE, MORRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 House
male White Married Specify)	9. AGE (In years of Under 1 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done do to the first working life, ever if retired) 10B. KIND OF BUSINESS OR INDUSTRIAL WORKING LIFE WORKING TO THE PROPERTY OF THE PR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	mayar 1/5A.
13. FAITHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. APMED FORCES? 16. SOCIAL	Carpine 1 rynn
Yes, no or unknown) (If yes, give war or dates of ervice) SECURITY NO.	17. INFORMANT ADDRESS
18. 540.0 , CAUSE	OF DEADY AND LEAST ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	to The Tall
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	my feftigate week
injury or complication which caused death.) DUE TO	1.0 1/2 - 1
ANTECEDENT CAUSES	Ideara failure
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	Mruna
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	PATION P. 20 1
8/27/52 Bleeding Ma	RATION 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm factory, street, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that Lattended the deceased from 8	23,1952, to 9/1, 195, that I last saw th
deceased alive on 9/1, 1952 and that death occur	
23A. SIGNATURE 3 Rocer , M. D. 2	38. ADDRESS (Laure) 23C. PATE SIGNED
	RY R CREMATORY 24D. LOCATION (City, town, secounty) State)
Jurial 7/4/52 new (a)	thedral Saltolily
DATE RECEIVED BY REGISTAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR DE ADDRESS
SEP 2 1952 Hantington Williams Mas	Machalt Gran
VS 150	0000000
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Burial Hybre min Cathedral Basta City

ANTECEDENT CAUSES

52

BIRTH NO.

(Type or Print)

HOSPITAL OR

INSTITUTION

Male

FICATION

ERTI

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ā

(Yes, no or unknown)

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

TO THE DISEASE OR CONDITION CAUSING IT.

TRIBUTING TO THE DEATH, BUT NOT RELATED 19A. DATE OF OPERATION

OTHER SIGNIFICANT CONDITIONS CON-

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, ferm, fectory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

WHILE ATT NOT WHILE! WORK

INJURY

REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from August 29

238. ADDRESS

24c, NAME OF CEMETERY OR CREMATORY

, 19 52 to August 30 , 1952, that I last saw the deceased alive on August 3019 52, and that death occurred at 3:30 An., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BUOTAL, CREMA-TION, REMOVAL (Specify) Burial

23A. SIGNATURE

DATE RECEIVED BY

Glen Haven

24D. LOCATION (City, town, or county) Ritchie Hgwy. Glen Burnie

(If in Baltimore City, give exact location)

LOCAL REGISTRAR

dulitie-

21c. WHERE DID

INJURY OCCUR?

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

JOHN F. DENNY, INC. 715 Light St.

Md.

ADDRESS

20. AUTOPSY

NO X

Confidence of the Mary St. Drimort Link 3. Service State of . It seeds and some while it.

ВІ	RTH NO.	809	9				EALTH DEPARTMENT E OF DEATH	Registere	?	8099
	NAME OF ype or Print		n A.	STur	ais			2. DATE OF DEATH AUG	g . Z	9.1952
	PLACE OF Baltimore				J		4. USUAL RESIDENCE (If institu	
В.	FULL NAM OSPITAL OF STITUTION	E OF (al or institut	ion, give street ad	idress or ocation)	c. CITY OR TOWN (I	n C	mits, writ	
A	311101101		0 Harf	ord	₹.		Baltimo	re L	1-6	township
7			1	4		Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)		
5	ngth of		Baltimore OR OR RACE	25 4	rs . MARRIED.	Days	8. DATE OF BIRTH	9. AGE (in years	I IIndoe 1	Year li Under 24 Hours
	male	4.1	L:+ 0	WIDOW	ED, DIVORCED	(Specify)	m	last birthday)	Months	Days Hours Min.
10	A. USUAL O	OCCUPAT	ION (Give kind of	10B. KIND	OF BUSINESS		11. BIR HPLACE (State or	foreign country)	12.0	CITIZEN OF
wor]	73.	ber	life, even if retired)	Pauls	mes Co	USTRY	South Cara	line	1	O. S. A
13	.FATHER'S	NAME			INC I CO	•	14. MOTHER'S MAIDEN N	NAME		
	John		rgis				Ellen Qa	rris		
15 (Ye	. WAS DECE.	ASED EVER	IN JU. S. ARME s, give war or date	D FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMANT		ADDRE	ss
	yes	- was	rld War	ĨL .	212-05-	6917	Mrs. Blanche St	Urgis -60	4014	
	18. 19	9-6	1		CA	USE	OF DEATH	211		NTERVAL BETWEEN
		LEAD	CONDITION	TH		11.18	pstadie	67 . VA	ind	3 mão.
	heart fa	ilure, asthe	ean the mode onia, etc. It mes eation which	ns the diseas	e,	1/0	Joles	1/		
	2113013		EDENT CAUS		.) DOE 10	10	verial,	7		
z				TILA L	(B)	M	mong per	le;		
9	RISE TO	THE ABD	ONDITIONS, I	STATING TH		les	dellermine	d		
FICATION	UNDER	LYING C	ONDITION LA	IST.	(C)					
F			П						-	
CERTI	TRIBUTI	NG TO TH	CANT CONDI E DEATH, BUT DR CONDITION	NOT RELATE	.D					
7	19A. DATE	OF OPE	RATION 1	9B. MAJOR	FINDINGS OF	01	1			20. AUTOPSY?
CA) ×	wy,	195 V	1 210 PI	CE OF INJURY	1 0	B OF 21C. WHERE DID	(If in Baltimore Cit	v givo o	YES NO 2
MEDICA	LYING	OR CONT	AS UNDER-		arm, factory, street, of			(II III Datumore Ore	y, give e	Aact location)
	21D. TIME		(Day) (Year		21E. INJURY O		ED 21F. HOW DID INJUR	RY OCCUR?		
L				m.		OT WHILE		<u></u>		
	22. I her	eby certi	fy that I at	tended the	deceased from	n_{	15, 1952, to	Decg. 29, 19	the	nt I last saw th
	deceased		8/29	, 19 52.	and that deat		rred at 130 A.m., from	the causes and or	n the da	te stated above
	234. 3101	hot	Tan (Jas	meg.	4. D.	7101 Harks	and Rd.	4	149 152
2	AA. BURIAL	CREMA-	24B DATE				RY OR CREMATORY 240.	LOCATION (City, to	wn, or co	unity) / / (State)
	Burja	/ Copecing)	Vepr.	4,54	Natio	na	1 3	Baltimory	د	md.
	ATE RECEI		REGISTRAR	-Jun 1/	74.	1/832	25. FUNERAL DIRECTOR		ADE	ORESS
	SEP 2	1952	Murtu	gion 1	eduallis,	NIY.	Paul Heemann	1 - 6067	Harf	ord Rd.
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236							-0		
52 8	3100		TIMORE CITY HE			Registered	d No.	8100	
BIRTH NO.									
1. NAME OF (Type or Print					2. D	ATE OF			
(Type of Trime	West	terfeld	Mary		DE	EATH AUGI			2
	City, Maryland			4. USUAL RESIDEN		eceased lived. B. COUNTY	. If institu	tion : reside hefore adn	
B. FULL NAM HOSPITAL OF	E OF (If not in hospital)	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside	corporate li	mits, writ		and give
	C.L	Townsh	1-	Ra	Itimore	100	w war O	6	w tromp,
	56.	Joseph	Yrs.	D. STREET ADDRES		ive location)		7	
and all	stan in Daltiman		Mos.	1	man man	ומ וו			
5. SEX	stay in Baltimore	7 SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	731 Ter	GE (in years		Year If linds	r 24 Hours
D. SEA	6. COLOR OR RACE	WIDOW	VED, DIVORCED (Specify)	O. DATE OF BIRTH	las	st hirthday)	Months	Days Hour	Min.
10A. USUAL C	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (Sta		De la constitución de la constit		ITIZEN O	
ork done during me	st of working life, even if retired)		City Police		[arvland		V	VHAT COL	JNTRY?
13. FATHER'S	nsioner NAME	Derroa	OLOJ TOLLOG	14. MOTHER'S MAIL		100	-		
		Robi	nson	Mary					
15. WAS DECE	SED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		3037	ADDRE	SS .	
Yes, no or unknow	n) (If you, give war or date	e of service)	SECURITY NO.	Emmett L. We	sterfeld	Washii	allison,	on Aven	nue
DISEAS RISE TO UNDER	ANTECEDENT CAUSES OR CONDITIONS. IN THE ABOVE CAUSE (A) LYING CONDITION LA	F ANY, GIVII STATING TO ST.	(B)(NG HE DUE TO (C)	Chronic glome:	ruloneph	ritis			
	NG TO THE DEATH, BUT DISEASE OR CONDITION			Heat exhaust:	ion				
			FINDINGS OF OPER					20. AUTO	PSY?
	0							YES _	NO L
LYING CAUSE O	(Month) (Day) (Year)	about home,	ACE OF INJURY (e. g., is farm, factory, atreet, office bldg., c 21e. INJURY OCCURR WHILE AT NOT WHILE	ED 21F. HOW DID I	?	altimore Cit	ty, give e	xact location	on)
		m.	WORK AT WORK		4.	1 00 1	0 5041	A 7 1	aman Al
22. I her	eby certify that I att	ended the	deceased from Ju	ly 23, 19 52	to_Augus	t 29, 1:	3_5Zthe	it I tast s	iaw in
deceased	alive on Aug. 29	_, 19_5%	and that death occur	red at 1:002 m.,)	from the car	uses and or	n the da	te stated	above
23A. SIGN	IATURE	21		3B. ADDRESS			23	c. DATE S	
	you h	10	O MILES	1400 N. Carol	ine St.		Aug		152
24A. BURIAL TION, REMOVAL	(Specify)	-0	Baltimore C		Baltin		Mary]		(State)
buria)		25. FUNERAL DIRE		,		DRESS	
LOCAL REGI		J. I	l'as-	Wm. Gol	2-0	1217 St			eet
SEP 2	1959 Jun Tim	ton /	WALESTERA MAN	, ,,,,,					
VS 150	981.3		5 -	73 93 1	8 0 9	7			

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

234. SIGNATURE

REGISTRAR'S SIGNATURE.

8-28

22. I hereby certify that I attended the deceased from 8-28, 1952, to 8-30, 1952, that I last saw the deceased alive on 8-30, 1952, and that death occurred at 2'0 Rm., from the causes and on the date stated above. 23B. ADDRESS 239 DATE SIGNED JOHNS HOPKINS HOSPITAL

21F. HOW DID INJURY OCCUR?

	// //	ra	u
BURLAL.	CREMA-	24B.	DATE

19A. DATE OF OPERATION

CAUSE OF DEATH

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

ADDRESS

20. AUTOPSY

gang af ar e

VS 150

DATE RECEIVED BY

EDICAL

25/FUNERAL DIRECTOR

MILEO NO STATISTICO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ITIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Eag Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) 5. SEX if Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Daya Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE U.SA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME harles HENSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO

ANTECEDENT CAUSES pertensive-Cardiovascular Disease ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO X 218. PLACE OF INJURY (e. g., in or 21c, WHERE DID (If in Baltimore City, give exact location) 2 IA. ACCIDENT, SUICIDE,

22. I hereby certify that I attended the deceased from August 29, 19 12, to August, 19 5, that I last saw the deceased alive on August 29, 19 5, and that death occurred at 1:36 Am., from the causes and on the date stated above.

about home, farm, factory, street, office hldg., etc.)

WHILE AT

21E. INJURY OCCURRED

NOT WHILE

deceased alive on August 29, 19 5 4 and that death occurred at 136 A m., from the causes and on the date stated above

23A. SIGNATURE

A. T. F. J. W. A. R. J. J. W. C.

A. BURIAL. CREMA-1 24B. DATE

124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

(State)

24A. BURIAL. CREMA- 24B. DATE
TION, REMOVAL (Specify)

9-2-52

ADDRESS
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

1303

ADDRESS

1303

VS 150

(Specify)

21D. TIME (Month) (Day) (Year) (Hour)

HOMICIDE

F INJURY

952000809

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

1 3

Land Roman the first an author of the states, we are golf STORY TOWNS THE STORY OF THE ST 2.6.2.1.3.4.3.2.3.5.0.2.4.1.2.3.1.0.X.1.1.

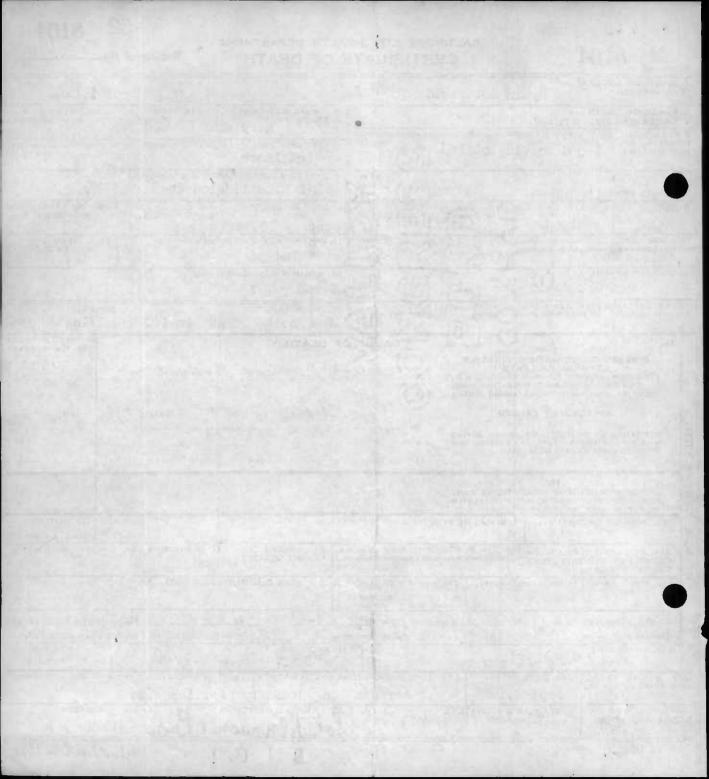
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8104

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Hyman Goldstein OF Sept 1, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maruland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN 140 N Collington Ave INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 140 N Collington Ave ngth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) Male January 28, 1881 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Tailor Shop INDUSTRY WHAT COUNTRY Proprietor Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moses Goldstein Sarah 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs Phoebe Goldstein 140 N Collington Ave INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY . 19 that I last saw the 22. I hereby certify that I attended the deceased from_ . to_ deceased alive on 19 and that death occurred at_ on., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS nech 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY DR CREMATORY Mogan Abraham Cong Cemetery Baltimore Md Eurial RECISTRAR'S SIGNATURE DATE RECEIVED BY ADDRESS



W-532	51-10247	
BALTIMORE CITY HE		8105
BIRTH NO. 210 24 CERTIFICAT	E OF DEATH Registered No.	
1. NAME OF DÉCÉASED (Type or Print)	MINACON 2. DATE OF DEATH 9/1/	52,
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, It inst.	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR		rite RURAL and give
INSTITUTION 230. Carrall St	Ballinore	township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	31-02/
5. SEX 6. COLOR OR FACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) Under	1 Year If Under 24 Hours
Will write. Wildwed, DIVORCED (Specify)	May 2, 145/ Inst birthday) Months	Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired) INDUSTRY		CITIZEN OF
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	120.A
Edward W. Windsor	Cowthy M. Shibles	1.
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANY	RESS 1230
	Mr. 6 dward. W. llind	in Carroll
DISEASE OR CONDITION DIRECTLY	OF BEATH	DNSET AND DEATH
(This does not mean the mode of dying, e.g.,	Spina Befida	15 month
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		104400000000000000000000000000000000000
A DINDERETING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON-		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.	PATION	20, AUTOPSY?
O O O		YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
m. WHILE AT NOT WHILE AT WORK		
	rred at 25 Am, from the causes and on the c	hat I last saw the
		39! DATE SIGNED
How glales. M.D.	517 Scott 51,	Sept. 2/52
24a/BURIAL, CREMA- TION, REMOVAL (Specify) 1 3 5 2 A PREMIUM A	ERY OR CREMATORY 2400 LOCATION (City, town, or of	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	28. FUNERAL DIRECTOR	DORESS
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Vs 150	8008102	

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	EALTH DEPARTMENT Registered No. 8106				
1. NAME OF DECEASED (Type or Print) Chayles Grocher 3. PLACE OF DEATH: A. Baltimore City, Maryland	2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission				
B. FULL NAME OF 'f not in hospital or institution, give street address or location) NSTITUTION UNIVERSITY HOSPITAL Yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and given township)				
ength of stay in Baltimore ength of stay in Baltimore 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	D. STREET ADDRESS (If rural, give location) 991 St Works PL 8. DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24 Hours Min last hirthday) Months: Days Hours Min				
10A. USUAL OCCUPATION (Give kind of work in done during most of working life, evan if retired) 10B. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAJDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT Wife ADDRESS Billie Britelor, 9915t Marks PL				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH Chart				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
L	an or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Rt. 29, 8 mi. south of Ellicott City ED 21F. HOW DID. INJURY OCCUR?				
2. I certify that I took charge of the remains described above, held an Autopsy, Inspection of Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\).					
24A. BURIAL, CREMA- 24B. DAVE 24C. NAME OF CEMETE	238. CHIEF MEDICAL EXAMINER				
Burial 9/4/52 Buryklyn DATE RECEIVED BY REGISTRAR'S SIGNATURE!	My New York City ADDRESS ADDRESS				
LOCAL REGISTRAR Tuntington Vidualus, Vist	Ciarre H. Ways 107 Howas N				

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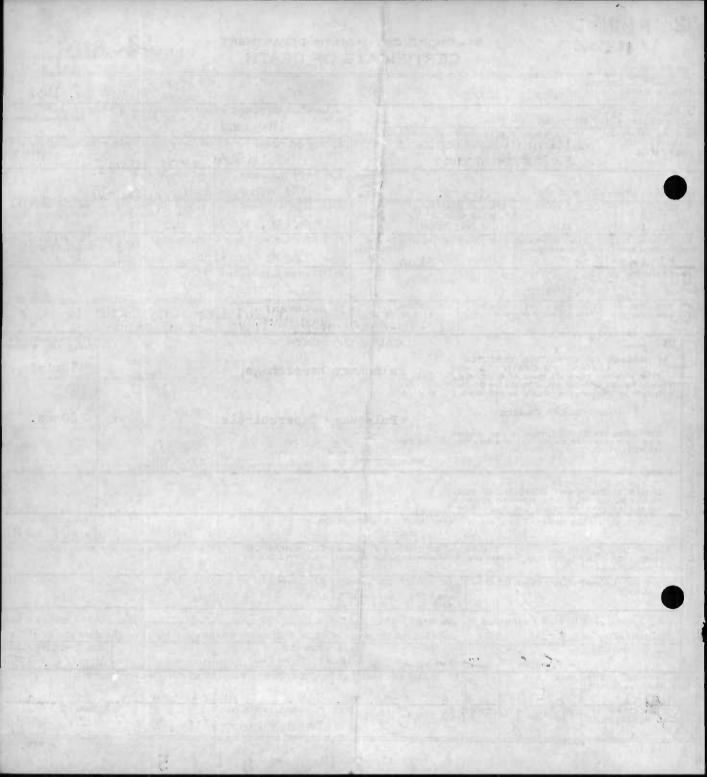
& Baltimore 1. Wyd

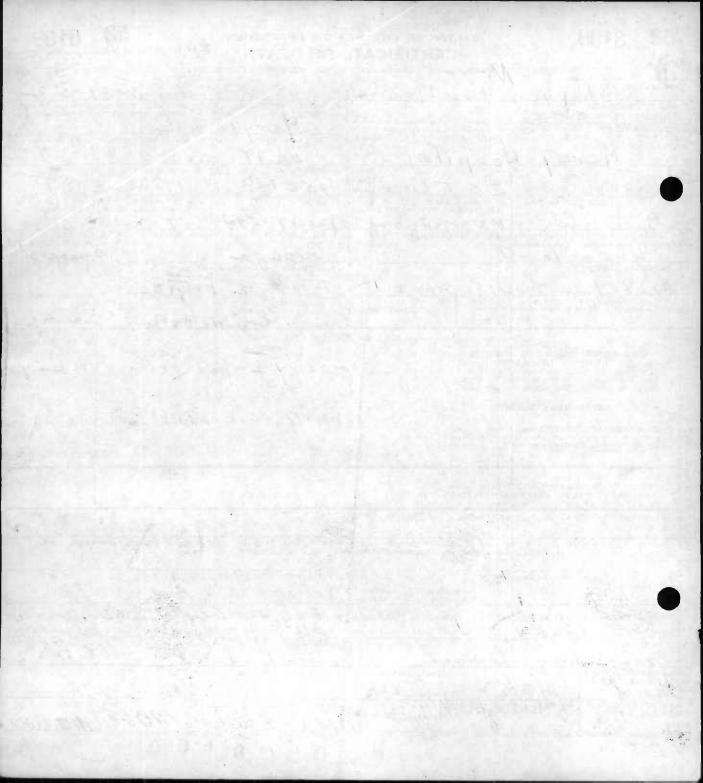
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Chaquet - 2 4. USUAL RESIDENCE (Where deceased live of If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Umore. D. STREET ADDRESS (If rural, give location) Yrs. Mos. Madisa Clas ength of stay in Baltimore Days 9. AGE (lu years | H Under | Year | H Under 24 Hours | last birthday) | Months; Days | Hours | Min. 5. SEX MARRIED WIDOWED, DIVORCED (Specify) Marriel 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rork dogs during most of working life, even if retired) vork doge during most of working life, even if retired) WHAT COUNTRY angineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ma de DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, agfor unknown) (If yes, give war or dates of service) SECURITY NO 212-10-1560 INTERVAL BETWEEN 18, DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-W TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A, DATE OF OPERATION YES (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE AT WORK WORK 195% to. , 1912, that I last saw the 22. I hereby certify that I attended the deceased from_ Leng. 29 1952 and that death occurred at_ m., from the gauses and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR 24B, DATE TION, REMOVAL (Specify) burial DATE RECEIVED BY DRESS REGISTRAR'S SIGNATURE DIRECTOR LOCAL REGISTRAR

VS 150

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EB-154081 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.8108								
1.	NAME OF Dippe or Print)		Alston			2. DATE OF Augu	st 30, 1952	
Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived, If B. COUNTY	institution: residence before admission)	
H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Avenue				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos.				Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 1643 Thomas Avenue, zone 16			
c. Ingth of stay in Baltimore 20 yrs. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Female Negro Married				MARRIED. D, DIVORCED (Specify)	8. DATE OF BIRTH Peb. 14, 1907 9. AGE (In years il Under I Year Hours Months; Days Hours Min.			
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY				OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?	
13	Filing FATHER'S		Post	Office	North Carolina U.S.A			
Frank Spencer					Ella Henson			
15 (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 212-16-8563				Records: L910 Eastern Avenue			
	18. 002	X		CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not make it will be a continued on the continued of the continued o						lomin		
	(This does not mean the mode of dying, e.g., (A) TELEBOTICELY MOREOUTH MARKET THE MARKET							
			20mos.					
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							20. AUTOPSY?	
	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If In Baltimore City, give exact location)							
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY MORK NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from 11-19, 1952, to 8-30, 1952, that I last saw the								
deceased alive on 8-30, 1952, and that death occurred atm., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED								
M. D. 4940 Eastern Avenue Aug. 30, 1952 24A. BURIAL CREMA-1 24B. DATE // 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)								
Burial 9-2-1952 Arbutus Mem. Cem. Baltimore Co., Maryland								
DATE RECEIVED BY REGISTRAR SEIGNATISHE LOCAL REGISTRAR HOLland Funeral Home-1631 Druid Hill								
1	vs 150 Ave.							
			and the same	7 -2 -1	0 /4 0	0 0		





4. USUAL RESIDENCE (Where deceased lived, If institution: resilience (If outside corporate limits, write RURAL and rive 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under I Year II doder 24 Supra WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. #'emale white Jan. 2.1858 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done doring most of working life, even If retired) WHAT COUNTRY? INDUSTRY Oen Home H.W. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown ----Baumgart 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Gustav Baumgart, 758 Poplar rove INTERVAL BETWEEN 18. 4-2010 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21F. HOW DID INJURY OCCUR?

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

WHILE AT NOT WHILE!

WORK

22. I hereby certify that I attended the deceased from 19. \ and that death occurred at 130 f.m., from the dauses and on the date stated above.

deceased alive on Mills 23A. SIGNATURE 23 ADDRESS

INJURY OCCUR?

22c. DATE SIGNED

19. 19. that I last saw the

(If in Baltimore City, give exact location)

24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) TION REMOVAL (Specify) Baltimore Cemetery Balto. Md. /52 Sept.

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Hurlington

dualus.

25. FUNERAL DIRECTOR 4101

ADDRESS

(State)

20. AUTOPSYT

VS 150

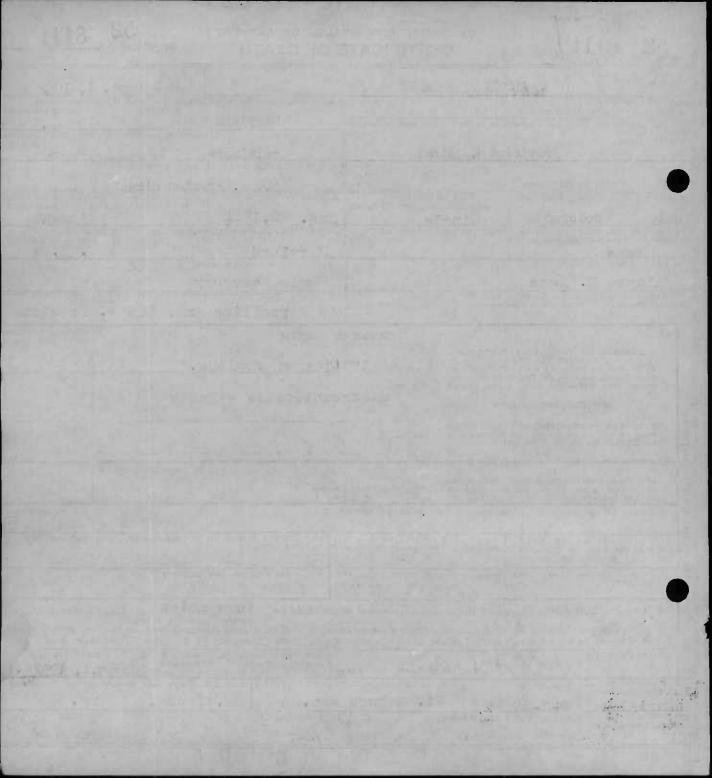
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Edmondson Ave.

	52 8	33-252	BAI	CERTIFICAT			52 Registered N	8111	
-	I. NAME OF D Type or Print)		ONZO	AMES	2. DATE OF Comb 1 1052				
	B. PLACE OF D		21120	PLITA	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission				
1 1	S. FULL NAME HOSPITAL OR NSTITUTION	OF "f not in hospit	al or institut	tion, give street address or location)	c. CITY OR TOWN	yland (If outsid	e corporate limits	, write RURAL and giv	
. _		Provide	ent Hos		Baltimore 11-02				
	ength of s	stay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 506 W. Preston Street				
	S. SEX	6 COLOR DR RACE	Days E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTI	H 9. A	GE (In years II	Under I Year It Under 24 Hours		
17	male	colored	Sir	igle	Aug. 22,1	952		5 wks.	
		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	Marvland		country)	12. CITIZEN OF WHAT COUNTRY	
	3. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME			
		D. Ames			Mamie Ge	orgory			
((es, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO	17. INFORMANT	line Am	es 506 %	· Preston	
	18. 764	15 1		CAUSE	OF DEATH			INTERVAL BETWEEN	
	(This doe heart fails	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes	TH of dying, e. ons the diseas	g. (A) Aspira	ation of v	omitus.			
	Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Castroenteritis - Acute								
NOIL	DISEASE	S OR CONDITIONS, 1			***************************************		•••••••••••••	*****	
. 11.4		THE ABOVE CAUSE (A) YING CONDITION LA		(C)					
FRTIFIC	OTHER S TRIBUTING TO THE D	II BIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED PREMATIT	RITY				
	19A. DATE C	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	RATION			YES NO	
FDICA	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			Saltimore City, gi	ive exact location)	
Σ	21D, TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCC	UR?		
	22. I certi	fy that I took char	ge of the	remains described of	ibove, held an	inspecti Autopsy, Inspec	tion or Inquiry	thereon and from	
	and de	eath in my opinion	said Auto	opsy, Inspection or l from: natural causes	s X, accident [],	suicide [], h	omicide [], ur	idetermined [].	
	23A SIGNA	TURE	Fic		.D. MEDICAL INV	ESTIGATOR	Sep		
	ION, REMOVAL (S	Specify)		Mt. Auburn		Baltim		or county) (State)	
	PATE RECEIVE	RAR	s SIGNATI		25. FUNERAL DIR		Ho00 -	ADDRESS 5180	
7	V S 151	~	7	The state of the s	10 B	08	- Victoria	1	
		w w		the man does	1,0	-			



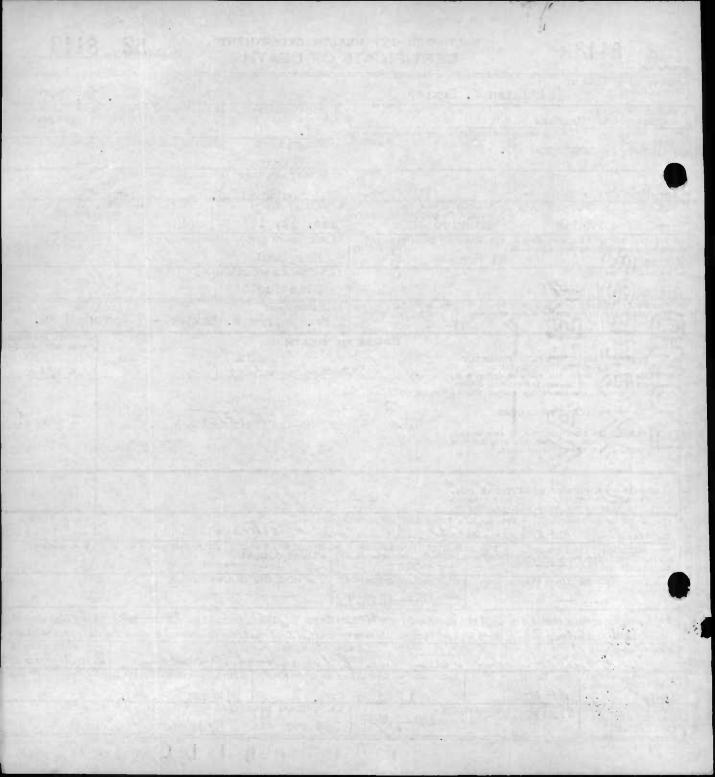
HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Veichem back DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work-done during most of working life, even if retired INDUSTRY WHAT COUNTRY FATHER'S NAME 13. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, so or unknown) (If yes, give war or dates of the second 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY tensive Cardiovescular Disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES NO (If in Baltimore City, give exact location) 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Las, thereon and from Autorsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-248. DA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION_REMOVAL (Specify) RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR ADDRESS REG STRAG V S 151

23.05.8 Morris Janhow beech Between Long Hope to I My street administration 2 of when Will Frank

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8113

CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED (Type or Print) Lillian V. Dexter Aug. 30, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A STATE B. COUNTY before admission) A. Baltimore City, Maryland Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give 7 Longwood Rd. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 7 Longwood Rd. 8. DATE OF BIRTH last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED, DIVORCED (Specify)
Married Jan. 17, 1888 Female 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at Home Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Scott Eugene W. Veasey 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, go or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. George W. Dexter - 7 Longwood Rd. no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. $\overline{0}$ 20. AUTOPS 190 MAJOR FINDINGS 19A. DATE OF OPERATION OF OPERATION ascusom 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (o. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE 1953 and that death occurred at 6 50 p.m. from the . 1952, that I last saw the 22. I hereby certify that I attended the deceased from Coren 2.m., from the causes and on the date stated above. deceased alive of lu 4 30 23A. SIGNATU 24D. LOCATION (City, town, or county) 24A. BURIAL CREMAS Druid Ridge Cem. Pikesville HEGISTAAR'S SIGNATURE ADDRESS 25 FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150

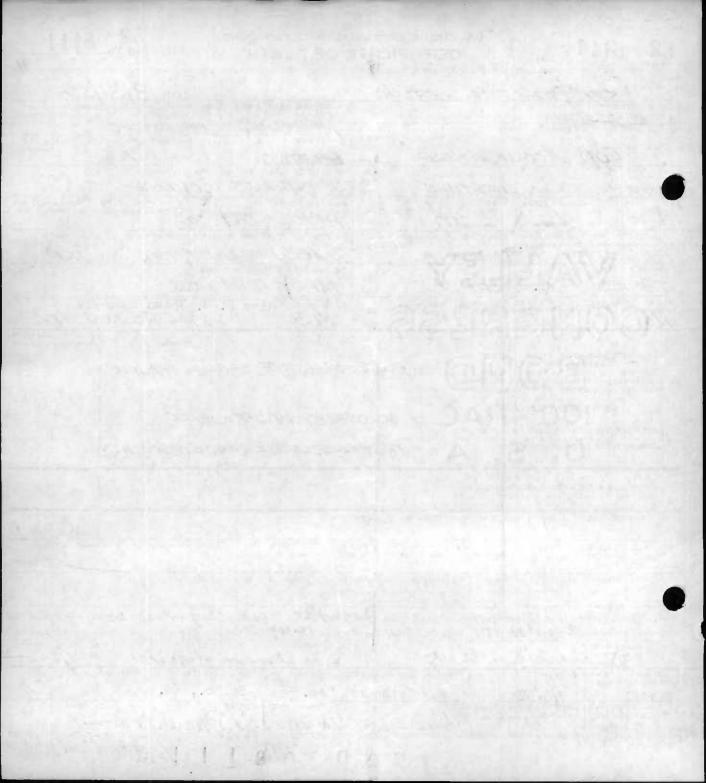


5	500
52 IRTH NO.	8114

CERTIFICATE OF DEATH

Registered No. 8114

BIRTH NO.	0144		CERTIFICATI	E OF DEATH	Registered :	No.
1. NAME OF (Type or Print)		1			2. DATE	/ /
	SAPPIAL	R	SHAWN		DEATH 8/	31/52
A. Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY	f institution : residence before admission)
B. FULL NAM	E OF (If not in hospit	al or institut	ion, give street address or	MARKLAND	BALTIMOR	
HOSPITAL OF	- 1		location)	c. CITY OR TOWN (I	f outside corporate limi	ts, write RURAL and give township)
7 4	BON SECOL	IRS A	4050	Catonsville		cownsmp)
			Yrs. Mos.	D. STREET ADDRESS (II	rural, give location)	into
	stay in Baltimore		1MG Days	ST CHARLES	COLLEGE	323
5. SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, VED, DIVORCED (Specify)	APRIL 9, 1869	last hirthday) M	If Under 1 Year on the Days Hours Min.
10A. USUAL C	OCCUPATION (Give kind of st of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF
CARP	ENTER	Colleg	INDUSTRY	QUEEN CON	non serv	WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N		09/
JAM		SKIA		MARY ANN		
Yee, no or unknow	SED EVER IN U.S. ARMEI	of service)	16, SOCIAL SECURITY NO.	17. INFORMANTISS B.		DDRESS
10	HER HELLEN			NIECE	7206 ROS	LEN MYE
heart fai	LEADING TO DEA. ses not mean the mode of lure, asthenia, etc. It means to complication which of the complication which of the complication which of the complication which of the complication of the complic	of dying, e. g ns the diseas caused death SES F ANY, GIVIN STATING TH	(B) CORO	CONGESTIVE CAN VARY INSUFFIC LIOSCLEDOFIC CAN	(ENCC	E .
TRIBUTI	II SIGNIFICANT CONDI NG TO THE DEATH, BUT DISEASE DR CONDITION	NOT RELATE	D			
			FINDINGS OF OPER	ATION		20. AUTOPSY?
¥			and the same of th			YES NO
LYING CAUSE OF		about home, f	ACE OF INJURY (e. g., ic arm, factory, street, office bidg., c		(If in Baltimore City,	give exact location)
21D. TIME	(Month) (Day) (Year) Y		WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
22. I here	by eertify that I att	ended the	deceased from ax	gurt 30, 195210	august 3/, 19	that I last saw the
				red at 10.30 Pm., from		
23A, SIGN	ATURE . 00	0	2	3B. ADDRESS		23c. DATE SIGNED
	Danone	yana	M. D.	Bon Secous	Hospital	8/31/52
24A. BURIAL, TION, REMOVAL	(Specify)	0	24c. NAME OF CEMETE		LOCATION (City, town	n, or county) (State)
Buria	9/3/52		New Cathedra		to., Md.	0
DATE RECEIV	ED BY REGISTRAR	SSIGNATI	RF41.	25 FUNERAL DIRECTOR	1	ADDRESS
-	กรุง	1	reliacus. M.D.	Wm. J. Vu	namer +)	Sur
VS 150	EN			1	· · · · ·	Sin Mak
			1952	000081	Vall	0 11, 18



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED TE TOUT 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF i f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Mos Length of stay in Baltimore Days The Marylander Ants. 5. SEX . SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Ender I Year If Under 24 Hours last hirthday) Months Days Hours Min. Apr. 16, 1880 male white 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Self employed INDUSTRY WHAT COUNTRY? Trust Funds Invest-Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isabel Buck Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Walter Haines-910 W. Lake Ave. 18. 42211 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY SCU12 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 1.1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 1 U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. Ö UTING | CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Z. accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Cremation Green Mount Crematory Balto. DATE RECEIVED BY REGISTRAR'S SIGNATURE SEP 2 1952 dualus. 151

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LTIMORE	CITY	HEA	LTH	DEPARTMENT		UF
CERTI	FICA	TE	OF	DEATH	Registered	No

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print)	E. MAGERS		2. DATE OF DEATH	3//5-2
3. PLACE OF DEATH: A. Baltimore City, Maryland	pital or institution, give street address o	4. USUAL RESIDENCE (W		nstitution : residence before admission)
HOSPITAL OR INSTITUTION	Ty Hosp-			, write RURAL and give township)
c. Ongth of stay in Baltimore	Yrs. Mos. Days		rural, give location)	5200
5. SEX 6. COLOR OF RAC	E 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH Mar. 8, 1882		Under l Year II Under 24 Hours this Days Hours Min.
10A. USUAL OCCUPATION (Give kind ork done during most of working life, even if retire	of top. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
JOHN M. M.	79 ers	14. MOTHER'S MAIDEN N.	/	
15. WAS DECEASED EVER IN U. S. ARM Yes, no or unknown) (If yes, give war or d		17. INFORMANT Mrs. Helen Mager	AL	DDRESS
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	N DIRECTLY (ATH of dying, e. g., leans the disease, caused death.) USES (B) (C) (C)		vlæratim	ONSET AND DEATH
OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED ON CAUSING IT.			
19A. DATE OF OPERATION		ia or 21c. WHERE DID (I	If in Baltimore City, g	20. AUTOPSY? YES NO ive exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Yes INJURY 22. I hereby certify that I a deceased alive on \$\int 3\$ 23A. SIGNATURE	ar) (Hour) 21E. INJURY OCCURF m. WHILE AT NOT WHILE AT WORK attended the deceased from	21F. HOW DID INJURY	F/3/, 195 he causes and on th	,that I last saw the e date stated above.
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 9/4/5	0 //		OPATION (City, town,	or county) (State)
	R'S SIGNATURE	25 FUNERAL DIRECTOR	skener +	ADDRESS
VS 150	Thursday, My	05584	water 1	, ma.

1	010						
	52	0447			ALTH DEPARTMENT	52	8117
BI	IRTH NO.	8117		CERTIFICATI	E OF DEATH	Registered No	
	NAME OF Type or Print)		D704 74	ATT CORDER		2. DATE OF	
_	PLACE OF		RESA JA	NE CORBETT	4. USUAL RESIDENCE (W	DEATH Aug.	31, 1952
A.	Baltimore	City, Maryland			A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR ISTITUTION		al or institut	ion, give street address or location)		outside corporate limits,	
	15[1] 6 1 10[4	6301 Cle	arsprin	g Rd.	Baltimore	127-	-48 ownship)
ľ				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	Length of	stay in Baltimore	1 7 CINCLE	Days E. MARRIED.	6301 Clearspri		de l'Avec I & Bude 84 Bere
۲,			WIDOW	ED, DIVORCED (Specify)			the Days Hours Min.
10	A. USUAL O	white CCUPATION (Give kind of	Wido	OF BUSINESS OR	April 30,1867	reign country) 1	2. CITIZEN OF
orl	Housew	tof working life, even if retired)	at hom	INDUSTRY	Virginia		WHAT COUNTRY?
13	FATHER'S		1 40 110115		14. MOTHER'S MAIDEN NA	AME	
	Elisha	Crockett			Lucy Eskridge		
15 Ye	. WAS DECEA	SED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	ORESS
	none			none	Miss Ruth Cort	ett-6301 Clea	rspring Rd.
	18. 42	211		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND GEATH
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	1.11	4.6.		10
	(This do	es not mean the mode oure, asthenia, etc. It mes	of dying, e. g	c., (A)			laay
	injury o	r complication which	caused death	DUE TO			
		ANTECEDENT CAUS	SES	Jai	two - Sententernal	Husemler	1 May
2		ES OR CONDITIONS, I				. (1	
Y		YING CONDITION LA		(c) Water	conclevation Co	rdeovanulas	20 40
2				,		Denair	
2		SIGNIFICANT COND			upligia	lue to	7/11/3
C T		IG TO THE DEATH, BUT DISEASE OR CONDITION			elfa June	mliage	Vaca
ļ	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
2	21A. ACCI	DENT WAS UNDER-	21B. PLA	ACE OF INJURY (e.g., I	or 21c. WHERE DID ()	f in Baltimore City, giv	YES NO K
בח		OR CONTRIBUTING	about home, f	farm, factory, street, office bldg.,	INJURY OCCUR?		
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
k	INJURY		m.	WHILE AT NOT WHILE			
	22. I here	by certify that hat	tended the	deceased from	24 Clean 19 10	31 aug 1957	that I last saw the
i	deccased of	alive on to le		and that death occur	red at 17 m., from t		date stated above.
9	23A. SIGN	ATORE 1 00	. 1	- /	3B. ADDRESS	1340	23c. DATE SIGNED
24	4A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	- 0 (2000	OCATION (City, town, o	r cou(1/y) (State)
TIC	Burial	(Specify) 9/3/52		Parkwood Cem.	Balt	o. Md.	
D	ATE RECEIV	ED BY REGISTRAR	S SIGNATIL		25 FUNERAL DIRECTOR		ADDRESS
3	PEAL BEGIS	95% Juntin	aton 1	ettining som	Wm. J. Vie	bener 4 XM	s- Balto
	VS 150		,	pio I		HERE AND I	17 md
				7 5 2 6	00811	1	(

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO Jacque 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH (Mary 4. USUAL RESIDENCE (Where deceased lived of institution: residence a. STATE B. COUNTY before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL timane D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 716 W. nonth Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years if Under I Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH 6-13-99 Widomed 10A. USUAL OCCUPATION (Give kind of 11. BATHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR) WHAT COUNTRY? Retail Store 14. MOTHER'S MAIDEN NAME Eleanor Jane / Stan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or date of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL 18. INTERVAL BETWEEN 540.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., 5 day heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION / 198. MAJOR FANDINGS OF OPERATION 20. AUTOPS EDICA 218, PLACE OF INJURY (e. s., in or 21c. WHERE DID about home, farm, factory, street, office blyg., etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 8-20 , 1953 to 8-31, 1952, that I last saw the 22. I hereby certify that I attended the deceased from___ deceased alive on \$731, 1952, and that death occurred at 425 P.m., from the causes and on the date stated above. 238. ADD TORNS HOPKINS HOPPINAL 234. SIGNATURE 23c. DATE SIGNED Muallett 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 244. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE Draid Ridge Cem. Pikesville, Md. Sept. 4, 1952 DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. EUNERAL DIRECTOR untington

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BALTIMORE CITY HEALTH DEPARTMENT

52 8119

Registered No.__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Albert Jones DEATH Aug 30 1952

4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Marvland. HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 16 N.Pulaski St/ Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mas. 9. AGE (In years Months: Days Hours Min. c. Length of stay in Baltimore Days 16 N.Pulaski 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Dec 29, 1868 | 83 11. BIRTHPLACE (State or foreign country) Male white Widower 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Machinist Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Thomas Jones. Helen Jones. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Ethel Griffin 16 N. Pulaski St. 18. 447X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK July 22, 1932 . 19___. that I last saw the 22. I hereby certify that I attended the deceased from. . 195 Land that death occurred at 1000, m., from the causes and on the date stated above. deceased alive on 19 238. ADDRESS 23A. SIGNATURE 23c. DATE/SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or coupty) Burial Sept 3 Loudon Park Frederick REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTO LOCAL REGISTRAR

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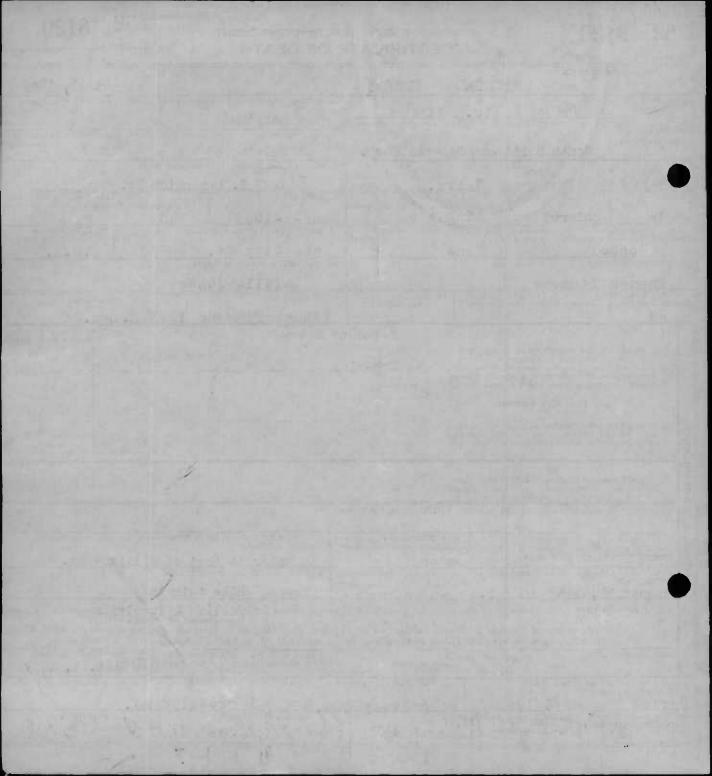
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and death in my opinion resulted from: natural eauses [], accident [], suicide [], homicide [], undetermined []. 23A, SIGNATURE 238. CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Sept. 1. 195 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial /1952 Brooklyn Cem Mt DATE RECEIVED BY ADDRESS REGISTRAR'S SIGN

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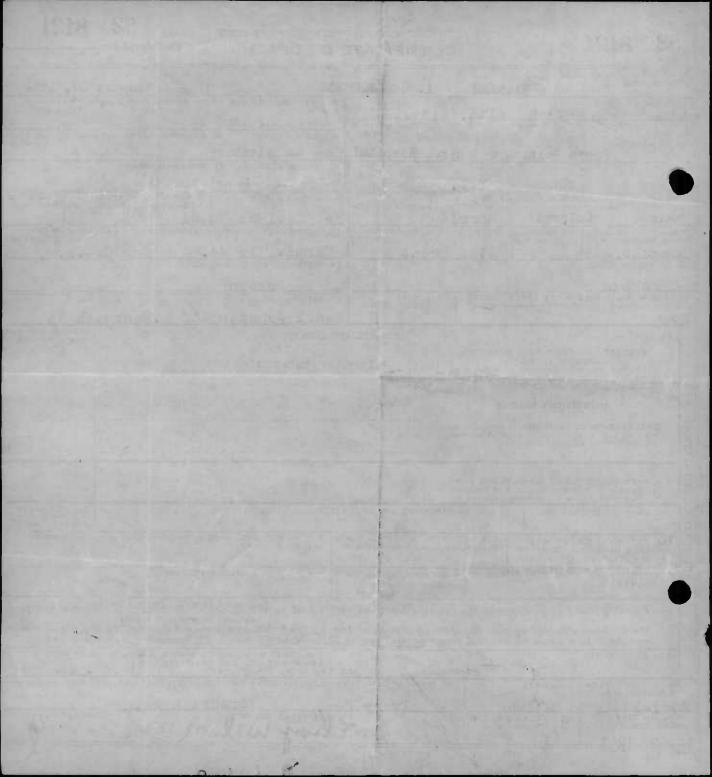


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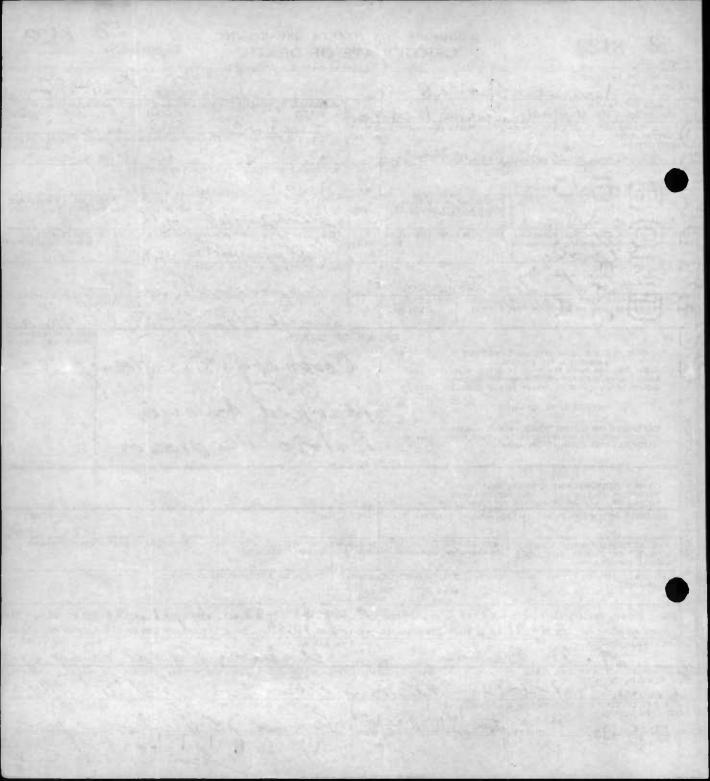
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8121

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF **JOHNSON** WILLIAM August 28, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) South Baltimore General Hospital Baltimore D. STREET ADDRESS (If rural, give location Mos. ength of stay in Baltimore 22 Yrs. 445 Henrietta Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Colored Male Married Feb. 22.189] 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY ongshoreman Farmsville Va water 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. No Johnson 445 W. Henretta INTERVAL BETWEEN 18. 102X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 19A. DATE OF OPERATION NO X 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home farm factory street office bldg. etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING [CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILF AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 238. CHIEF MEDICAL EXAMINER X | 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) 24B. DATE Brookl Mt Burial /1952Cem DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR untinglov



BALTIMORE CITY HEALTH DEPARTMENT 8122 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution (before admission) c. Room B. COUNTY A. Baltimore City, Maryland A. STATE lanc B. FULL NAME OF maire HOSPITAL OR location) C. CITY OR ITOWN (If outside corporate limits, write RURAL and give INSTITUTION de l'est Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days HUC AGE (In years | | Under | Year 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. - I maret Colone 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, or on if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nuknown) (If yes, give war or dates of aervice) 16. SOCIAL SECURITY NO. 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO Marked Anemia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING Pelvic Neoplasm RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... Ī. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from A 44 31, 1952to Acces 1, 195 that I last saw the 31, 19.52 and that death occurred at 12:38 m., from the causes and on the date stated above. deceased alive on_A 23B. ADDRESS 23A. SIGNATURE 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR PREMATORY 24D. LOCATION (TION_REMOVAL (Specify) munu ADDRESS DATE RECEIVED BY SIGNATURE LOCAL REGISTRAR



52 8123

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.8123

BI	RTH NO.							
	NAME OF D 'ype or Print)		rles F	ranklin Haugh	, Sr.	2. DATE OF Augu	st 31, 1952	
В.	FULL NAME	City, Maryland	al or institut	ion, give street address o	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission Maryland			
	OSPITAL OR	1023 Unio	n Arran	location	C. CITT OR TOWN	(If outside corporate limi	ts, write RURAL and give township)	
-		102) 01110	HI WACH	Yrs.		SS (If rural, give location)	0/	
		tay in Baltimore	Life	Mos. Days	102	3 Union Avenue	*	
	Male	White	Marr:	E. MARRIED. VED, DIVORCED (Specify LED	Nov. 23, 18	76 75	If Under 1 Year onths Days Hours Min.	
1 C worl	A. USUAL OC done during mosto Painter	CUPATION (Give kind of f working life, even if retired)	House	O OF BUSINESS OR INDUSTR	Maryland	State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S	IAME			14. MOTHER'S MA	IDEN NAME		
		ert Haugh			Catherine K	elley		
15 (Ye	No or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 213-10-3761	Mrs. Ruth H		Union Avenue	
	18. 153	Χ.		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	E OR CONDITION	TH	Cat	rcinoma Des	cending Colon	18 Mo	
	heart failu	not mean the mode o re, asthenia, etc. It mea complication which c	ns the diseas	e,		sis to Liver		
		ANTECEDENT CAUS	ES	V1 .	Ton Mecases	SIS CO Liver	10 EX 18 10 10 10	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING							
5	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	IG IE DUE TO				
FICATION	UNDERLY	ING CONDITION LA	ST.	(C)	***************************************			
LEL		11						
ERTI	TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D				
U		F OPERATION A 1		FINDINGS OF OPE	DATION		20. AUTOPSY?	
A.L.	ISA. DATE O	OF CHERAMON OF	SB. MAJON	FINDINGS OF OFE	RATION		YES NO X	
EDICAL		ENT WAS UNDER- R CONTRIBUTING		ACE OF INJURY (e. g., farm, factory, street, office bldg.				
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		
	F INJURY		m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I att	ended the		ov. 3 194	7, to Aug. 31 195	2, that I last saw the	
	deceased al	ive on Aug.	313 52	and that death occu	erred at 7'5 A. m.	, from the causes and on t	he date stated above	
	23A. SICNAT	TURE			23B. ADDRESS		23c. DATE SIGNED	
	VI	Yuson		M. D.	617 W.	40th St	9/2/52	
TI	4A. BURIAL, CON. REMOVAL (S Burial	Sept. 3,		St. Mary's	(Hampden)	Baltimore, Mary		
	ATE RECEIVE	D BY REGISTRAR		PE.	25. FUNERAL DIR	ECTOR	ADDRESS	
5	EP 2 19	52 Hunting	gton 1	Maus, M.	Burgee, Fune		alls Road	
	VS 150		'y 5	9 0 .	Horace	9. Durgee		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8124 Registered No.

BI	RTH NO.						
1. (T;	NAME OF D		Lilliar	n May Ensor		2. DATE OF DEATH AUGU	ust 30, 1952
B. HC	s. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address hospital OR location location) 5620 Mattfeldt Avenue				c. CITY OR TOWN	CE (Where deceased lived, I B. COUNTY land	
		tay in Baltimore	Life	Yrs. Mos. Days	5620	s (If rural, give location) Mattfeldt Avenu	
	sex Female	White	Marri		Sept. 3, 189	0 61	fonths Days Hours Min.
work	At Home	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta		US A
	John Nip	pard			14. MOTHER'S MAIC Fannie Hamil		
(Yes	NO OF UNKNOWN)	ED EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	John W. Elme		attfeldt Avenue
CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEAT i not mean the mode of the asthenia, etc. It mean complication which complication with the above cause (A) I'MG CONDITION LA III GIGNIFICANT CONDITION TO THE DEATH, BUT	TH f dying, e. g ns the discass aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	pertens	sinonly l	is ?dougs
		OF OPERATION 0 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	LYING O	DENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	(Hour)	ACE OF INJURY (e.g., in factory, street, office bidg., e.g., in the street of the stre	oto.) INJURY OCCUR		
		1	ended the	deceased from and that death occur	rrett at 450, 1951, 38. ADDRESS	to Chang 30, 19 from the courses and on	that I last saw the the date stated above.
	AA. BÜRTAL, ON, REMOVAL (I Burial ATE RECEIVE DAO RECEIVE	Sept. 3	1952 \$ SIGNAT	24c. NAME OF CEMETE Druid Ridge	25. FUNERAL DIRE	CTOR	ryland ADDRESS Falls Road
=	VS 150	9	- Int	uelus Mari	Horace 9		

TO THE PARTY OF TH

Emrya Joseph Company C

And I am I seemed

BALTIMORE CITY HEALTH DEPARTMENT 8125 Registered CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, Minstitution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate-limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL (If rural, give location) Yrs. D. STREET ADDRESS Mag ngth of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years if Under I Year It Under 24 Hours last birthday) Months: Days Hours: Min. PA. USUAL OCCUPATION (Give kind of rely one during plost of working life, eye) If retired) TOB. KIND OF BUSINESS OR 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURIT JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)

H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

YES V 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21F. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

F INJURY NOT WHILE!

1953 that I last saw the 22. I hereby certify that I attended the deceased from_ 19 5 and that death occurred at 8. 13 deceased alive on_ Am., from the causes and on the date stated above. 238. AD DEE

23A. SINATURE

REGISTRAR'S SIGNATURE

24C, NAME OF CEMETERY OR CREMATORY

25, FUNERAL DIRECTOR

23c. DATE SIGNED

20. AUTOPSY

ZAA. BURIAL. CREMA-

BALTO, NATIONAL

ADDRESS

DATE RECEIVED BY

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SALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8126

BIRTH NO	7 3 10 10								
(Type or Pri	James	Ced M	and (James	G.Redmond)		-31-52			
a. Baltimo	re City, Maryland		ion, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission) Maryland					
HOSPITAL	OR		location)		f outside corporate li	mits, write BURAL and give township)			
Length	of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 2302 Garrett					
EX	6. COLOR OR RACE	7. SINGLE		8. DATE OF BIRTH May 6th. 1899	9. AGE (In years last hirthday)	Months Days Hours Min.			
IOA, USUAL work done during Chauf	OCCUPATION (Give kind of most of working life, even if retired)	Cab Co	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or in Baltimore, Mary)		U.S.A.			
13. FATHER				Mary Ellen Ell	IAME				
15. WAS DEC (Yes, no or unkn Yes	EASED EVER IN U. S. ARMEI own) (if yes, give war or date World War	FORCES?	16. SOCIAL 214-20-5765	17. INFORMANT Mr.James Wallac	e Redmond	ADDRESS			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES OUT									
TRIBU	R SIGNIFICANT CONDITING TO THE DEATH, BUT IN DISEASE OR CONDITION	NOT RELATE	T						
	TE OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?			
UNDERL	ERNAL CAUSE WAS YING [] OR CONTRIB-] CAUSE OF DEATH.	21B. PLA about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE DID (btc.) INJURY OCCUR?	If in Baltimore City	y, give exact location)			
	E (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?				
23A. 510	2. I certify that I took charge of the remains described above, held an Autopsy, Ispection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes &, accident , suicide , homicide , undetermined . 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER								
24A. BURIA TION, REMOVE Buria	L. CREMA: 248. DATE	′	Most Holy Red	2 2	OCATION (City, to				
DATE RECE LOCAL REG SFP 2	IVED BY REGISTRAR	SIGNATU		25. FUNERAL DIRECTOR George J.Ruth, Inc					
V S 151			1 56 E	202708	2 2				

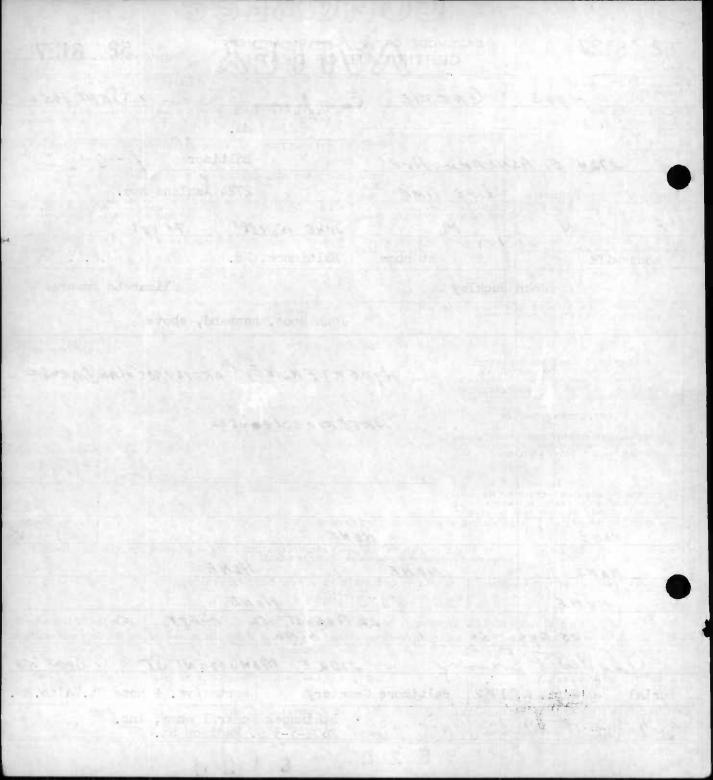
Brush S Emily 2302 Crayett Me . Strock . To the his

BALTIMORE CITY HEALTH DEPARTMENT 52 8127 CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) () ARRIE H005 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH A. STATE B. COUNTY A. Baltimore City, Maryland Md. B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL, and give C. CITY OR TOWN HOSPITAL OR INSTITUTION township) Baltimore 2724 E. ASHKAND AVE o. STREET ADDRESS (If rural, give location) Yrs. 2724 Ashland Ave. c. Length of stay in Baltimore Days 9. AGE (in years If Under 1 Year If Under 24 House last birthday) Months; Days Hours Min. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) JUNE 15, 1881 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR U.S.A. COUNTRY work done during most of working life, even if retired) INDUSTRY Baltimore, Md. home housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Edwards John Buckley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. John Hoos, husband, above INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (A) HYPERTENSIVE CARDIOVASCULAR DISEASE LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUF TO injury or complication which caused death.) ARTERIOSCIEROSIS ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION NONE NONE (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or | 21A. ACCIDENT, SUICIDE, shout home, farm, fectory, street, office bldg., etc.) (Specify) HOMICIDE o. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NONE NONE 22. I hereby certify that I attended the deceased from 22 Avevst, 1952, to / Sept , 1952, that I last saw the deceased alive on 25 Ave, 1952, and that death occurred at 4: 10 a.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A, SIGNATURE 2722 E. MINUMENT. 24A. BURTAL, CREMA-TION REMOVAL (Specify) Burial North Ave. & Rose St. Balto, Md. Baltimore Cemetery Sept. 4, 1952 ADDRESS Schimunek Funeral Home, Inc. REGISTRAR'S SIGNATURE DATE RECEIVED BY

2601-3-5 E. Madison St.

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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		CERTIFICAT	OF DEATH	Registered N	0
I. NAME OF DECEASED (Type or Print)	AM ARCH	ER CAMA	IER	2. DATE OF DEATH SEP.	1,1952
3. PLACE OF DEATH: A. Baltimore City, Mary			4. USUAL RESIDENCE A. STATE	E (Where deceased lived, If i	before admission)
B. FULL NAME OF (If n HOSPITAL OR INSTITUTION	ot in hospital or institu	tion, give street address or location)	c. CITY OR TOWN	BALTIMO (If outside corporate limits	
UNION MEM	DRIAL HO	SPITAL	BALTIM		-01,
c. Length of stay in Bal	timoro	54 Hos.	9 10 N.	(If rural, give location) STARE PBA	
5. SEX 6. COLOR	OR RACE 7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH AUG. 19, 189	9. AGE (In years	Under I Year II Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION		O OF BUSINESS OR	II. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ELECTAIC WE		ows Pt.	MARYLAI	NO , Baltimore	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDE		16
GROAGE P.	CAMALIT		IDA	PRAETORI	/2
15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, giv	U, S. ARMED FORCES? e war or dates of service)	16. SOCIAL SECURITY NO. 216-10-4626	OECEASE		DDRESS
DISEASES OR CONE RISE TO THE ABOVE O UNDERLYING CONE UNDERLYING CONE UNDERLYING TO THE DI TRIBUTING TO THE DI	n which eaused death ENT CAUSES DITIONS, IF ANY, GIVING TO THE TO	(B)	ioseles	rais	
19A. DATE OF OPERAT	OF REAL PROPERTY.	R FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS LYING OR CONTRIE CAUSE OF DEATH	OHDER.	ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore City, a	rive exact location)
7. TIME (Month) (I	Pay) (Year) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	COLUMN TO SERVICE STATE OF THE	JURY OCCUR?	
deceased alive on S	20. 1, 1952	and that death occu	red at 300 Am., fr	on the causes and on the	ic date stated above.
123A. SIGNATURE D.	. Hubban	d M.D.	Bali	morial Hosp.	Up/1, 1952
TION REMOVAL (Specify)	pt.4,1952	Western Cemete	E	dmondson Ave., B	alto. Md.
DATE RECEIVED BY RELOCAL REGISTRAR	GISTRAR'S SIGNAT	Velliams, M.	Schimunek Fur 2601-3-5 E. 1	meral Home, Anc.	ADDRESS
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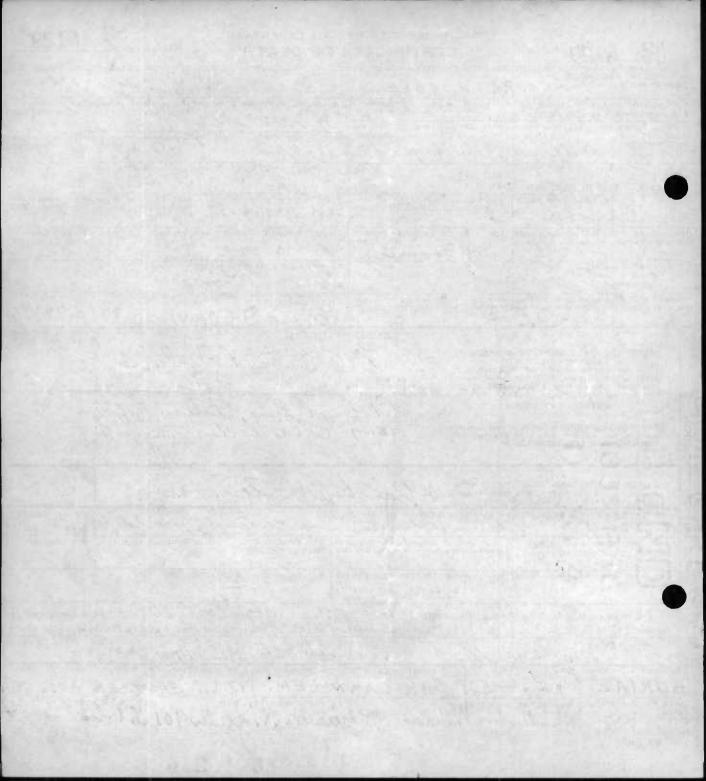
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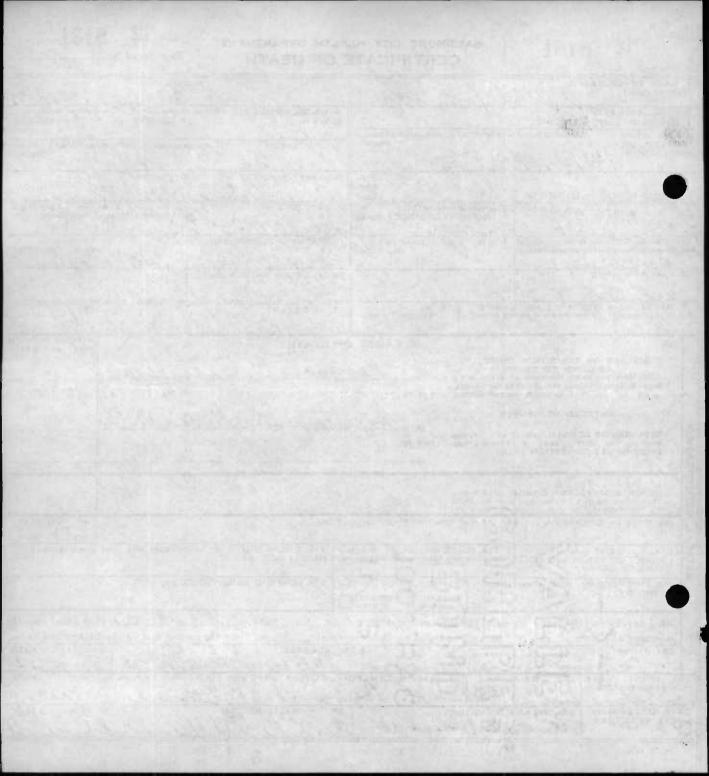
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	52	841-302	BAI	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Registered No.	8129
1.	NAME OF Print	DECEASED	aP.C + a	nfotd.		2. DATE OF aug. 2	9,1952
A.	Baltimore	City, Maryland	Baltimore	Een. Horgabel	4. USUAL RESIDENCE (WASTATE Marsland	here deceased lived. If inst	itution: residence before admission)
HC	STATUTION	2 0 0 1		ion, give street address or location) The spill		outside corporate limits, w	rite RURAL and give township)
V	3			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	63.00
		stay in Baltimor		Days			18 180 0
	emele	6. COLOR OR RA		E, MARRIED. VED, DIVORCED (Specify)	18. DATE OF BIRTH march 27, 18 > 2	9. AGE (In years last birthday) 80	
		OCCUPATION (Give kinetof working life, even if ret		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME		770	14. MOTHER'S MAIDEN NA	AME .	
	Seo.	rge Byer			Louise Ill	ine	
	, WAS DECE.	ASED EVER IN U, S. AF	dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	RAWFORD 70	
-	10 /	O IV		CAUCE	GEORGE D.C.	AWFORD	INTERVAL BETWEEN
	18. 5	ASE OR CONDITIO	N DIRECTIV	CAUSE	OF DEATH	7 -0	ONSET AND DEATH
		LEADING TO D	EATH	m	42 Cardend .	Tailures	A CONTRACTOR
	heart fa	oes not mean the mo	means the diseas	ie,			***************************************
	injury	or complication which		1) 04/18/	0	2 2 2	
7		ANTECEDENT C	AUSES	Chot	i Expliciony, Ch	she do litho tome	
TION		SES OR CONDITION			Chall the ch		
AT		LYING CONDITION		(C)		or may	
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ERTIFICA		SIGNIFICANT CO			lised arteris	release-	
បី	TO THE	DISEASE OR CONDIT	TON CAUSING	Т.	Y	20071723	
J L		OF OPERATION	Chrane	FINDINGS OF OPER	wit cholelit	humin a chole -	20. AUTOPSY?
EDICAL	21A. ACC	DENT WAS UNDE OR CONTRIBUTING OF DEATH		ACE OF INJURY (e. g., i		f in Baltimore City, give	
Σ	21D. TIME	(Month) (Day) (Y	ear) (Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
r	OF INJUR	Y	m.	WHILE AT NOT WHILE			
h	22. I her	ebu certifu that I	attended the	deceased from an	5.18 1952 to a	ug. 25, 1952, t	hat I last saw the
	deceased	alive on any 2	9 , 19 52.	and that death occur	rred at 7:50 Pm., from the	he causes and on the	date stated above.
	23A. SIGN		22 7/1	2	3B. ADDRESS	Um 2	3c. DATE SIGNED
24	A. BURIAL	CREMA- 24B. DA	e /u	M. D. 24c. NAME OF CEMETE	RY OR CREMATORY 240. LO	OCATION (City, town, or	county) (State)
THE	3 UKY	AL 9-	2 - 52	OAK LAN	IN CEM: 722	5 EASTERN	V AVE. MD.
	CAL REGI		AR'S SIGNATI	Illians, MP.	aharles & SU	lev901 S. Con	ikly &t
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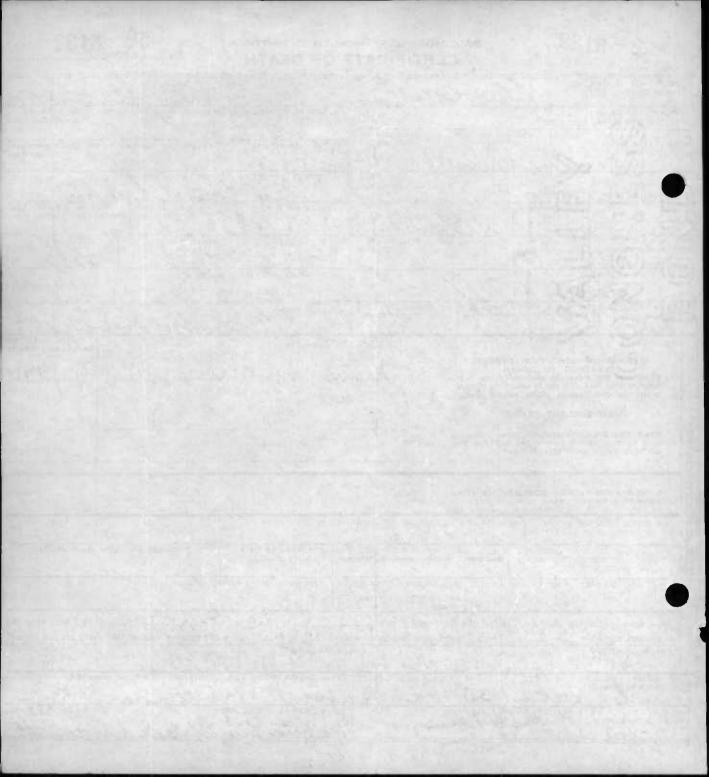
7 8		
52	81	30
BIRTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	RTH NO.	14.7		CERTIFICAT	E OF DEATH	Registered 1	No
	NAME OF D	ECEASED Fait	5	Evans		2. DATE OF DEATH	-1-52
A.	PLACE OF D Baltimore (City, Maryland	13a	Olo n, give street address o	4. USUAL RESIDENCE (W	There deceased lived. If B. COUNTY	institution: residence before admission)
H	SPITAL OR STITUTION	UNIVEYS	1	los pital		outside eorporate limit	s, write RURAL and give township)
		stay in Baltimore	Z	Yrs. Mos. Days	1000 16		
5.	SEX	6. COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED. D, DIVORCED (Specify)	8. DATE OF BIRTH		f Under 1 Year If Under 24 Hours on the Days Hours Min.
10 orl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	reign country) - Mel	12. CITIZEN OF WHAT COUNTRY!
13	. FATHER'S	NAME /	ela	muela	14. MOTHER'S MAIDEN NA	AME Z	
		ED EVER IN U. S. ARME! (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT Thomas 6	ans -1008	SEast an
RIFICATION	heart failt injury or DISEASE RISE TO 1 UNDERL	LEADING TO DEA's not mean the mode of the aure, asthenia, etc. It means the complication which of the aure of the complication which of the complication of the complication of the above cause (A) YING CONDITION LATER ABOVE CAUSE (A) THE ABOVE CAUSE (A) STATE CONDITION LATER ABOVE CAUSE (A) THE CONDITION LATER ABOVE CAUSE (A) THE CONDITION CONDI	of dying, e.g., ns the disease, aused death.) SES F ANY, GIVING STATING THE ST.	(B) C	Uremia	E r vi'y	
CE.	TRIBUTING	G TO THE DEATH, BUT DISEASE OR CONDITION	ON RELATED CAUSING IT.	FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL		U-5- VIDENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., factory, street, office bldg		Froc To - UE 9	YES NO Divergive exact location)
Z	21D. TIME F INJURY	(Month) (Day) (Year	w	1E. INJURY OCCUR HILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	deceased a	by certify that I at live on 9-3!	tended the o	nd that death occi	rred at 3: 45 mm., from t	he causes and on t	that I last saw the he date stated above.
24	4A. BURIAL.	CREMA- Specify) G-3.	-52 2	M. D. 4C. NAME OF CEMET	HEOR CREMATORY 240. L.	OCATION (City, town	or county) (State)
DL	ATE RECEIVE	352 REGISTRAR	s SIGNATUR	lliques MDP	25. FUNERAL DIRECTOR	2 ch - 40	3 Jany
	VS 150	6			0 1000	2 7	JX ~



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52 8132 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered	No. 8132
1. NAME OF DECEASED (Type or Print) COMMIN COLLAR OF DEATH	MN 28-19 Kg
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. COUNTY	f institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. ATY OR TOWN (If outside corporate lim	its, write RURAL and give township)
c. Ength of stay in Baltimore Yrs. D. STREET ADDRESS (It fural, give location) Mos. Days	n St.
1/all cor. Widow Feb. 2, 1812 60	Il Under I Year I II Under 24 Hours Ionths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of rock dope during accet of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME)	
15. WAS DECEASED EVER IN U. S. ARMED FORES (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	16 May OF.
18. 42/, 4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO NO a, wh	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
21a. ACCIDENT WAS UNDER. 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INDUSTRIBUTING INDUSTRIBUTING INDUSTRIBUTING INDUSTRIBUTING INDUSTRIBUTING INDUSTRIBUTION INDUSTR	, give exact location)
FINJURY (Month) (Day) (Year) (Hour) (Month) (Month) (Day) (Year) (Hour) (Month) (Month) (Day) (Year) (Hour) (Month)	
22. I hereby certify that I attended the deceased from 7 . 9 , 1930 to 8 - 2 f - , 19 deceased alive on 8 - 2 f - , 19 2 and that death occurred at 4:10 f m., from the causes and on	2that I last saw the the date stated above.
23A. SIGNATURE E. S. ADDRESS 1 PAUL 1. 24B. DATE 124C. NAME OF CEMETERY OF CREMATIONY 24D. LOCATION (City, town	n, or county) (State)
Bures Sept 2, 1952 mt. Auburn Baltimore	, nd
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR'S SIGNATURE Mr. Katu R. Williams R.	Schooler St.
VS 150	

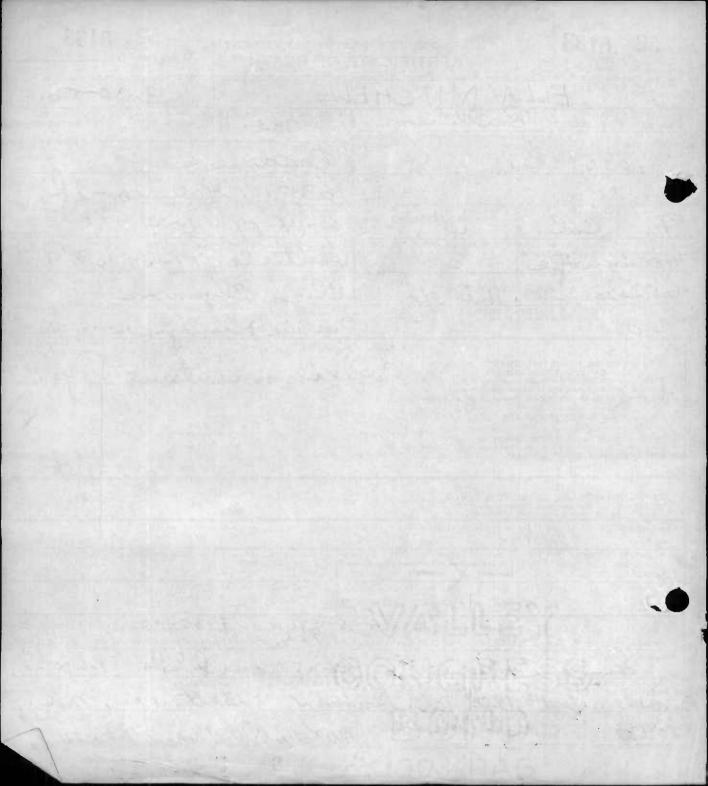


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BALTIMORE CITY HEALTH DEPARTMENT

52 8133 Registered No.

BIRTH NO.	CLITTI ICAT	E OI DEMINI		
1. NAME OF DECEASED ELLA (Type or Print)	MITCHE	LL	DEATH C	0-52.
3. PLACE OF DEATH: A. Baltimore City, Maryland	Itemore	A. STATE	(Where deceased lived, If	nstitution: residence before admission
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION 3	itution, give street address or location)	c. CITY OR TOWN	If outside corporate limits	write RURAL and give township
igth of stay in Baltimore	Yrs. Mos. Days	1635 n.	If rural, give location)	-82.
5. SEX 6. COLOR OR RACE 7. SIN	GLE, MARRIED, OWED DIVORCED (Specify)	2-14-97	9. AGE (In years If last birthday) Mor	Under I Year M Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. K ork done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME WILLIAM B. M.	itchell	Eliza B	Sonor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT The		DORESS
18. 174× 1		OF DEATH	0	ONSET AND DEATH
DÍSEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused do	e, g., (A)	reinon	a cetares	1 ye,
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	RATION		20, AUTOPSY7
	PLACE OF INJURY (e. g., me, farm, factory, street, office bldg.,		(If in Baltimore City, g	
INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		RY OCCUR?	
22. I hereby certify that I attended				
deceased alive on 8-2-7-539 23A. SIGNATURE	, and that death occu	rred atm., from	the causes and on the	ne date stated above
Tronge ()	90 M.D.	8/62. More	LOCATION (City, town,	ターシャマス・ or county) (State)
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	mt. Du	hurn 240.	Battimore	, md.
DATE RECEIVED BY REGISTRAR'S SIGN	AND THE WAR MAN	25. FUNERAL DIRECTOR	Elian &	ADDRESS 321/
VS 150	Contract of the second	The production of the producti		The same of



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		EALTH DEPARTMENT	Registered No.	8134
BIRTH NO.	ERTIFICATI	E OF DEATH	24687806164 2102	
1. NAME OF DECEASED (Type or Print) LORENA M.	ARIE DI D	OMENICO	OF Sept	. 1, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	give street address or location)			
5307 St. Albans		c. CITY OR TOWN (If Baltimore	outside corporate limits, w	rite RURAL and give township
	Yrs.	D. STREET ADDRESS (If a	ural, give location)	
gth of stay in Baltimore	Mos. Days		bans Way 2	7-12
5. SEX 6. COLOR OR RACE 7. SINGLE, WIDOWEI	MARRIED. D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	er I Year II Under 24 Hours is Days Hours : Min.
	rried	June 17, 1901	51	
10A. USUAL OCCUPATION (Give kind of 10B. KIND Cork done during most of working life, even if retired)	F BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
at home		Connells ville,	Penna	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Benjamin Apicella		Antoinette Ma	fei	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS 5307
(1) Start and S	SECORITI NO.	Mr. Jos. F. Di	Domenico	St. Alban
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A)	melente Ca	drive	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cremo	- Crumay de	ulu-	49000
19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	RATION		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK 21C. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?) 21F. HOW DID INJURY OCCUR?				
	d that death occur	rred at 4 20 m., from th	he causes and on the	date stated above
23A. SIGNATURE	2	23B. ADDRESS		23c. DATE SIGNED
W. H. Sambers	м. р.	14 E Emm		9/2/52
TION REMOVAL (Specify)	c. NAME OF CEMETE Holy Redeen	ner Cem. Ba	ltimore, Mar	

REGISTRAR'S SIGNATURE

REGISTRAR'S SIGNATURE

Leonard J. Ruck, 5305 Harford Road.

Q. C. E. Land, M. S. M. J. Colory

Q. C. E. Land, M. S. M. J. Colory

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Registrar DATE RECEIVED BY LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF Stancliff 8-30-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. O. STREET ADDRESS (If rural, give location) Mos. auer schmidt ength of stay in Baltimore Days 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED 8. DATE OF BIRTH 20 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Worl Kilhing 13. PATHER'S NAME /hung 14. MOTHER'S MAIDEN NAME hreskan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Commetic Myocarditis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (B) Maral Thrombosis ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Mulmonary Embdism OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT CAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes **A**, accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24A. BURIAL. GREMA-246 NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify Mod DATE RECEIVED BY EGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 151

There shows the Sierry Hydens Hage best Mounte Bymathe Blood Hagabers Policerry Enteling

L-510 52 8136

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8136 Registered No.

BI	BIRTH NO.							
1. (T	NAME OF D	MINA L	AMJ	6		2. DATE OF DEATH	8/3	0/52
Α.		City, Maryland	-1		4. USUAL RESIDE	NCE (Where decease B. CC	ed lived. If ins DUNTY	titution : residence before admission)
B. HO IN	FULL NAME DSPITAL OR ISTITUTION	UNIVERS	TY	ion, give street address or location)	C. CITY OR TOWN	(If outside corp	orate limits, w	write RURAL and give township)
6	ngth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	SS (If rural, give lo	ocation)	9-03
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. VED, DIVORCED (Specify)	8/20/18	9. AGE (I last bir	n years Und thday) Month	der I Year II Under 24 Hours hs Days Hours Min.
10 vorl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country	у) 12	WHAT COUNTRY?
13	FATHER'S	7. JAYT	TON		14. MOTHER'S MA	DEN NAME		
	MAS DECEASI , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	a. le 38/8	1	PRESS LA
CERTIFICATION	DISEASE (This does heart failu Injury or DISEASE: RISE TO TUNDERLY) OTHER STRIBUTING	LEADING TO DEA' Into mean the mode of the complication which complication is to the death, but is the complication of the complication which is the complication which is the complication of the	TH of dying, e. s. ins the diseas aused death SES F ANY, GIVIN STATING TH STATING TH STORM OT RELATE	(B) DUE TO CANAL (B) (C) (C)		altor wit resolverif esserverifi relieves	The colon	ONSET AND DEATH
AL .C				FINDINGS OF OPER	ATION			20. AUTOPSX?
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE D		ore City, give	e exact location)
Σ		(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?		
	22. I hereby certify that I attended the deceased from 8/29, 395, to 195, that I last saw the deceased alive on 8/30, 195, and that death occurred at 5 fm., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED							
24	AA. BURIAL.	specify) 9/2	52	M. D. 245/NAME OF CEMETE	10	296. LOCATION (25.5	md.
D. L.	PER RECEIVE	D BY REGISTRAR	J- 1/1/	liams, Mys.	Mm. Coole	PuC. /21	7 Pb./	Paul fo
	VE 150	U		and the same of th		1 100		

C-4 AB-56334	622	8137
BIRTH NO.		

BALTIMORE CITY HEALTH DEPARTMENT 52 8137

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered I	No		
NAME OF DECEASED (Type or Print) Lydia	Clark		2. DATE OF DEATH Aug.	31_1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF (If not in hospital or inst	itution, give street address or	4. USUAL RESIDENCE (WA. STATE				
NSTITUTION Baltimore City Ho 4940 Eastern Ave.	spitals location)	Baltimore D. STREET ADDRESS (If	2	s, write RURAL and give township)		
ing the OL Stay In Darthhole	Life Mos. Days	Baltimore City Ho	spitals-4940			
WID	SLE, MARRIED. OWED, DIVORCED (Specify)	July 9, 1880	9. AGE (In years last birthday) Mo	M Under I Year It Under 24 Hours on the Days Hours Min.		
OA. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) None	ND OF BUSINESS OR INDUSTRY	Baltimore, Maryl		12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NAME William Thomas	Clark	Mary Clar				
15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yos, give war or dates of service		17. INFORMABaltimor Records: 4940 Ea	e City Hospi	PD7ESS		
18. 420.0 I		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the diinjury or complication which caused do	e.g., (A) Arter	iosclerotic Heart	Disease	15 Yrs		
DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED					
194. DATE OF OPERATION 198. MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY?		
	PLACE OF INJURY (e. g., 1 me, farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)		
ZID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?			
deceased alive on 8-31- 195	22. I hereby certify that I attended the deceased from 6-6-, 19 40 to 8-31-, 19.52, that I last saw the deceased alive on 8-31-, 19.52, and that death occurred at 7.40Am., from the causes and on the date stated above					
23A. SIGNATURE G.J. C	Jogen M. D. L	238. ADDRESS 1940 Eastern Ave.,				
BURIAL GREATS 248. DATE REMOVAL (Specify) BURIAL 9/3/52	Oak o	ERY OR CREMATORY 24D, L	Balto.	ADDRESS (State)		
DATE RECEIVED BY REGISTRARIS SIGN LOCAL REGISTRAR Thurtington	iliams, M.P.	Word Suc. 1	217 84. 1	aul st		
Vs 150		20008	1 3 4			

Augustical alle a toronti Account Trans of Printers that the

T- 223 8138

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8138 Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) SALVATORE	TESTA	2. DATE OF DEATH aug. 31-195
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE	E (Where deceased live of institution: residence B. COUNTY before admiss
B. FULL NAME OF (If not in hospital or institution, give str		
INSTITUTION 3511 Bank Str	Bal	
ength of stay in Baltimore 45 yro.	Yrs. D. STREET ADDRESS Mos. Doys 3511	uk str 26 = 09
male White 7. SINGLE. MARRIE WIDOWED, DIVOR		9. AGE (In years of Under 1 Year last birthday) Months Days Hours A
10A. USUAL OCCUPATION (Givekind of lob. KIND OF BOSI work done during most of working file, even if retired)	NESS OR INDUSTRY 11, BIRTHPLACE (State	or foreign country) 12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME Desta	14. MOTHER SMAIDE	NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECU	IAL URITY NO. 17. REFORMANT	De Frances
18. 4934	CAUSE OF DEATH	INTERVAL BETW
DISEASE OR CONDITION DIRECTLY	0	ONSET AND DE
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Similar -	Ternined Rounnie
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	то	
ANTECEDENT CAUSES		
Z (8))	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE	то	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-		
11 (0))	
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDING	S OF OPERATION	20. AUTOPS
U ata ACCIDENT SUICIDE LA 10 PLACE DE IN		YES NO
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF IN about home, farm, factory, a	JJURY (e. g., lp or large, office bldg., etc.) 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJUI	RY OCCURRED 21F. HOW DID IN.	JURY OCCUR?
m. WHILE AT WORK	NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased	from 8 / 20 19 4240	8/3/ , 1957, that I last saw
		om the causes and on the date stated ab-
23A. SIGNATURE	238. ADDRESS	23c. DATE SIGN
Joseph R. Wekale	M. D. 3008 WAN	15 21. 9/2/54
Sunal Secity Lept 3-52 Holy	Redeemer 24	Selto. Ind.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECT	OR ADDRESS
P 2 1952 Will A	15. John S. Co.	melle - 418 Gasling U
VS 150 Huntington Vallating	500000	Salto 21 ml

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BALTIMORE CITY HEALTH DEPARTMENT

	BIRTH NO.	CERTIFICATI	E OF DEATH	Registered 1	No.
۱	1. NAME OF DECEASED (Type or Print) ROBERT	DUKES		2. DATE OF DEATH Sept	t. 1, 1952
	a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	Where deceased lived, If B. COUNTY	institution: residence before admission
	B. FULL NAME OF I f not in hospital or institut HOSPITAL OR INSTITUTION Relationary City	location)	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give township
	Baltimore City	Yrs.	Baltimore o. STREET ADDRESS (If	rural, give location)	
0	ength of stay in Baltimore	Mos. Days		nkling St.	26-05
1	male white wison	E. MARRIED, VED, DVORCED (Specify)	mar15-1930		onths Days Hours Min.
	work dope during most of working life, even if retired)	The industry	Balto, m	reign country)	12. CITIZEN OF WHAT COUNTRY
	Thomas E. W.	ikes	Clara d.	Klroll	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ng or unknown) (If yes, give war or dates of service) World Wax # 2	16. SOCIAL SECURITY NO.	Thomas F. hlu		DDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disear injury or complication which caused death	g., (A) Gunshot	OF DEATH		INTERVAL BETWEEN ONSET AND OBATE
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	NG (8)			
	OTHER SIGNIFICANT CONDITIONS COL	EO			
	TO THE DISEASE OR CONDITION CAUSING I U 19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
	UNDERLYING A OR CONTRIB- about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	etc.) INJURY OCCUR? In		
1	S 210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI		OCCUR?	
	ept. 1, 1952 3:00 A. m.	WHILE AT NOT WHILE			
22. I certify that I took charge of the remains described above, held an autopsy the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the control of the said deceased died on the sai					
	and death in my opinion resulted j	rom: natural causes	23B. CHIEF MEDICAL I	EXAMINER A 23	C. DATE SIGNED
0	1087		ASSISTANT MEDICAL I	OR Se	pt. 1, 1952
200	Bunst specify lept. 5-1952	Ballo Nat	E Cem. D	alto,	md
A	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 2 1952	JRE	Jan J. Conne	els - 418	Eastern Ces
	VS 151 N 8 Q. 3. 4 glov. 11.	whom My 5	102-18-13	seto	21, md

See Letter in Document File from Russell S. fisher, H.D., -----Chief Medical Examiner

9/18/52 ES

WHILE AT

22. I hereby certify that I attended the deceased from.

M. D. 24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

195210

JOHNS HOPKINS HOSPITAL

1952 that I last saw the 1953, and that death occurred at 12.48 m., from the causes and on the date stated above.

23c. DATE SIGNED 24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

TARY

25. FUNERAL DIRECTOR

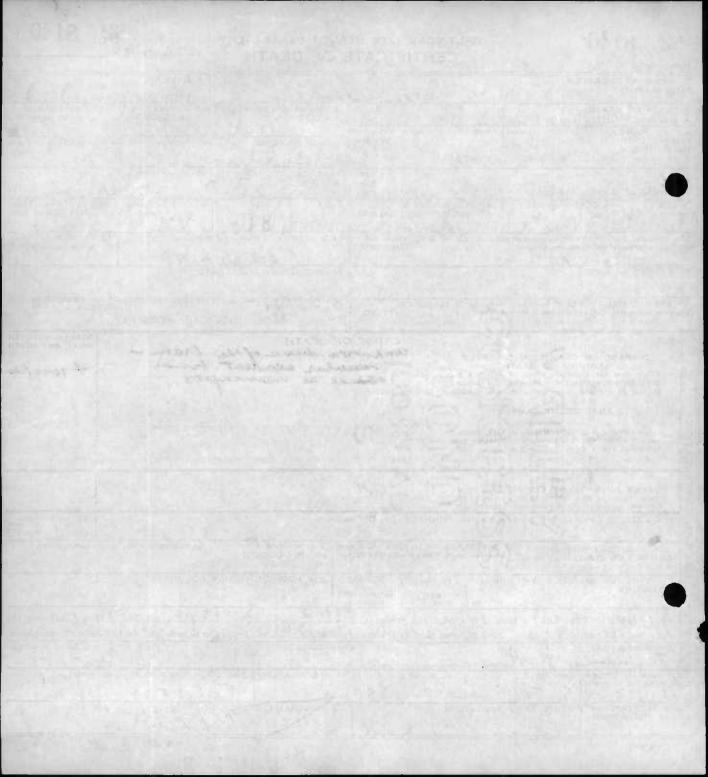
VS 150

deceased alive on___

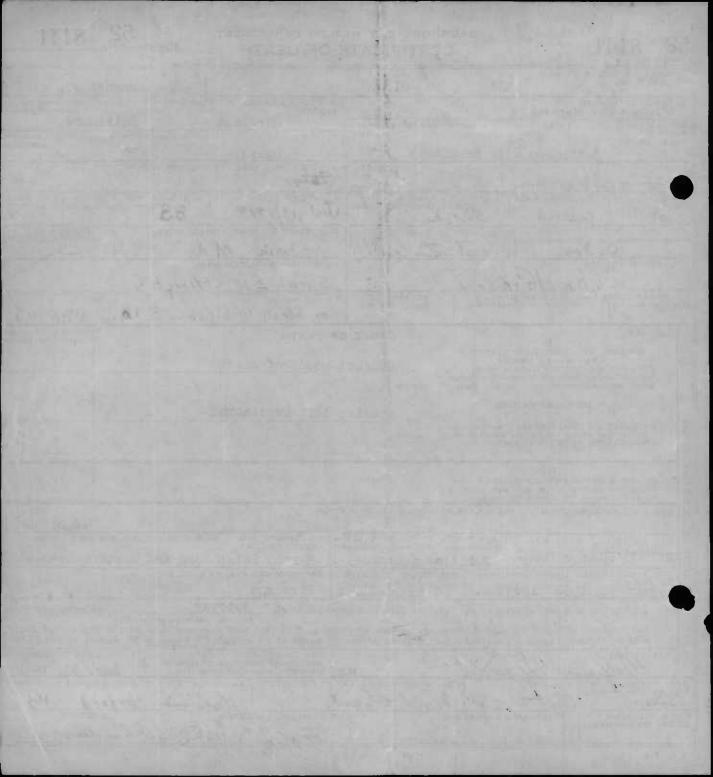
23A SIGNATURE

24A. BURIAL. CREMA-TION REMOVAL (Specify)

BURIAL



Registered No. 8141 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF AMOS GIBSON August 30, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Baltimore Marvland B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Hospitals Chase Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year Months Days Hours Min. WIDOWED, DIVORCED (Specify) Colored 5. NShe Male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of chest (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Massive left hemothorax RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. obout home, farm, foctory, street, office bldg., etc.) INJURY OCCUR? Marshy Point Road and Eastern Avenue Building (outside 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) ugust 30, Firearns 1952 12:55 Am. WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide X, undetermined []. 23A. SIGNATURE 23C. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-LAC. NAME OF CEMETERY DR CREMATORY TLON. REMOVAL (Specify Md DATE RECEIVED BY 25. FUNERAL LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 11. DOYGE OF 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bar- W:1-Ba- Constals Cent LENCOS 21 A) N. Cald Spring bane o. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 177 65 Dave 5. SEX 9. AGE (In years last birthday) 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH It Under 1 Year Months: Days | Hours Min. WIDOWED, DIVORCED (Specify) widow 9. 4. 1882 IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY Domestic amilies MELVARM 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jenkins Snowatn 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO OWSON M CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseasc. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) FINJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that Lattended the deceased from deceased glive on 19 and that death occ that I last saw the deceased plive on and that death occurred at 10:10 o, from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) TION, REMOVAL (Specify)

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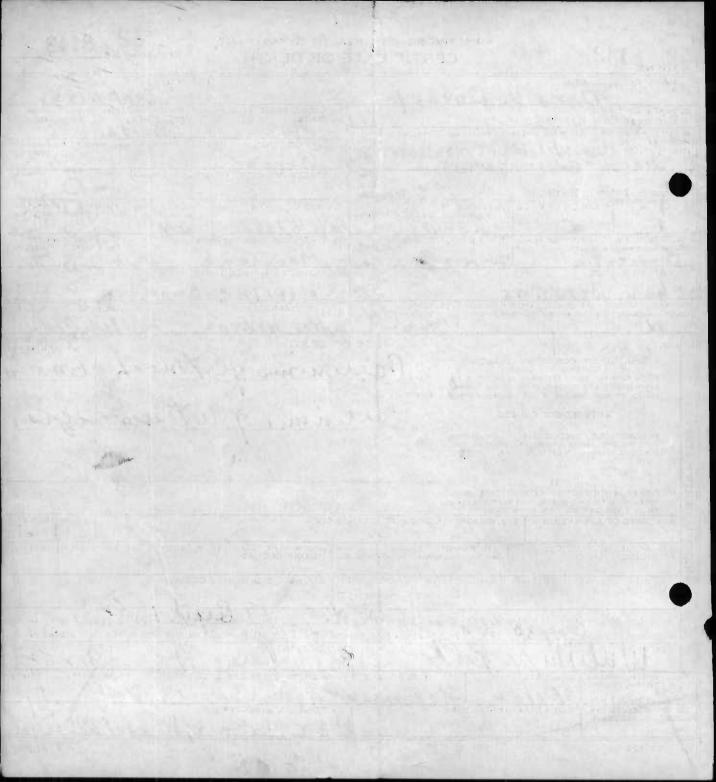
Onria DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

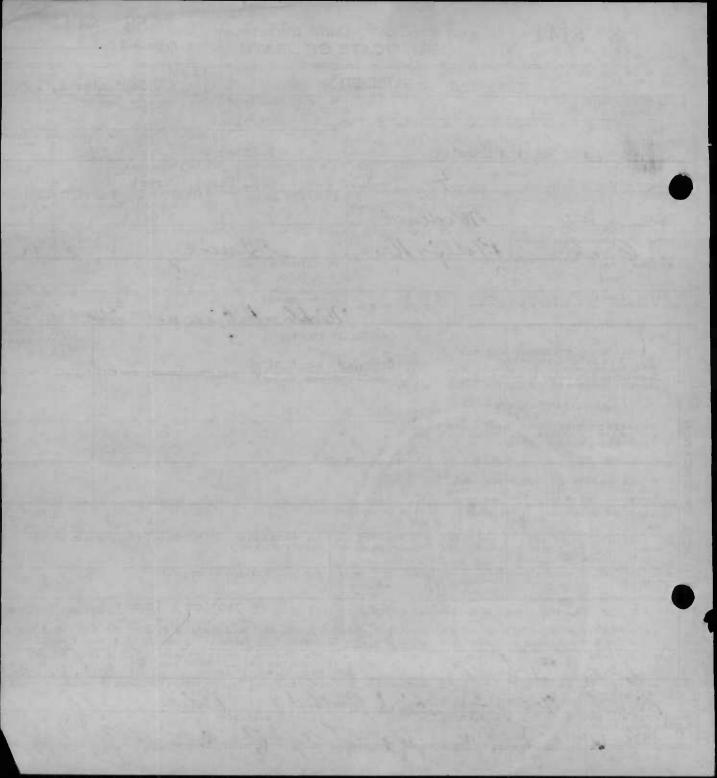


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give TOWN INSTITUTION Yrs. Mos. ngth of stay in Baltimore more Days 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months: Days | Hours | Min. WLDOWED, DIVORCED (Specify) PLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY 10A. USUAL OCCUPATION (Givekind of) work done during most of working life, even if retired) INDUSTRY now 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an Invited Suffer Sy thereon and from Autopsy, Inspection or Mquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR. 24A. BURIAL. CREMA-AC NAME 24D. LOCATION (City, town, or county) 248. DATE TION, REMOVAL (Specify) DATE RECEIVED BY 151

Broger Paring 8.51-52 In under the pine Enthines 1349 Milanes Street and the board of TEN DO DAG to passible 1411 - come port PING WIDSKE ALSPAN 6. Legal pripar

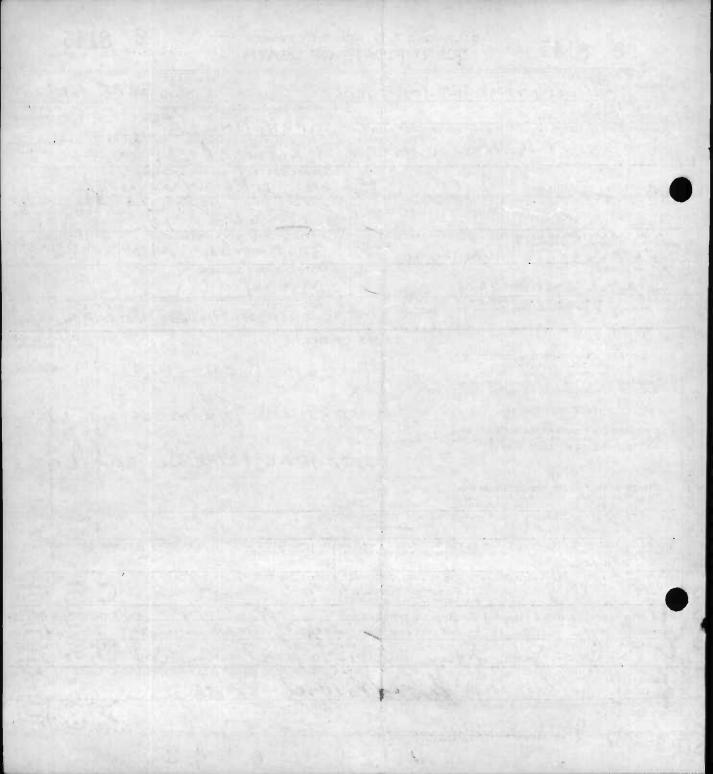
Correct age is especially important. Enysicians: piease write the causes of heath thanks and re-

- 12	5 2m					59	04 4 4
	52	8144			EALTH DEPARTMENT	Registered No	8144
BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered 110	0
(T	NAME OF DECEASED Type or Print) THEODORAS HATGIMIS						mber 1, 1952
Α.	B. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission Maryland		
H	. FULL NAME OF ('f not in hospital or institution, give street address or location) NSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
	Johns Hopkins Hospital				Baltimore 6-04 townshi		
	ength of stay in Baltimore				b. STREET ADDRESS (If rural, give location) 5 N. Chapel Street		* *
	ength of s	6. COLOR OR RACE	7. SINGLE, MARRIED.		8. DATE OF BIRTH 9. AGE (In years) If Und		Inder 1 Year If Under 24 Hou
	Male	White	n	(Specify)		56	ths Days Hours Mir
		CUPATION (Give kind of of working) (fe, even If retired)	Phil	OF BUSINESS OR	8/1	oreign country)	12. CITIZEN OF WHAT COUNTR
13	3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL						Wiln
(Yes	s, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	nichten Hotel	AD - 21	DRESS 1/2 Million
TION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						INTERMAL BETWE
ERTIFICA	TO THE DISEASE OR CONDITION CAUSING IT.						
0	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION						YES NO
MEDICAL	218. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB. Doubleme, farm, factory, street, office bldg., etc.) UNDERLYING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or large of the battline of city, give about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 218. PLACE OF INJURY (e.g., in or large of the battline of city, give about home, farm, factory, street, office bldg., etc.) 219. PLACE OF INJURY (e.g., in or large of the battline of city, give about home, farm, factory, street, office bldg., etc.) 219. PLACE OF INJURY (e.g., in or large of the battline of city, give about home, farm, factory, street, office bldg., etc.) 219. TIME (Month) (Day) (Year) (Hour)						ve exact location)
TIC	ASSISTANT MEDICAL EXAMINER						day stated above determined
v	S 151	J.	1	954	6m 0	Q	x . V



BALTIMORE CITY HEALTH DEPARTMENT 8145 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF SEPT. 1,1952 WILLIAM ROBERT JOHN JON 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND location) N. KENWOOD HYE (If outside corporate limits, write RURAL and give INSTITUTION ALTIMORE D. STREET ADDRESS (If rural, give location) N. KEMINGOD HVE. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 110. CLERIS BAUTIMORE ICALLIZO AD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BIMES JOHNSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ALVERTA A. AHLERS -641 N. KENWOOD CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH BRONCHO. PNEUMONIA WISEK (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CEREBIRAL THRUMBOSIS ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. CEREBRALITIERIOSCLEROSIS H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 1947 to SEPT. 1. , 1952, that I last saw the deceased alive on 1 _, 1952, and that death occurred at 103 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4230 to ch 24A. BURIAL, CREMA-TION REMOVAL (Syecify DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

untington



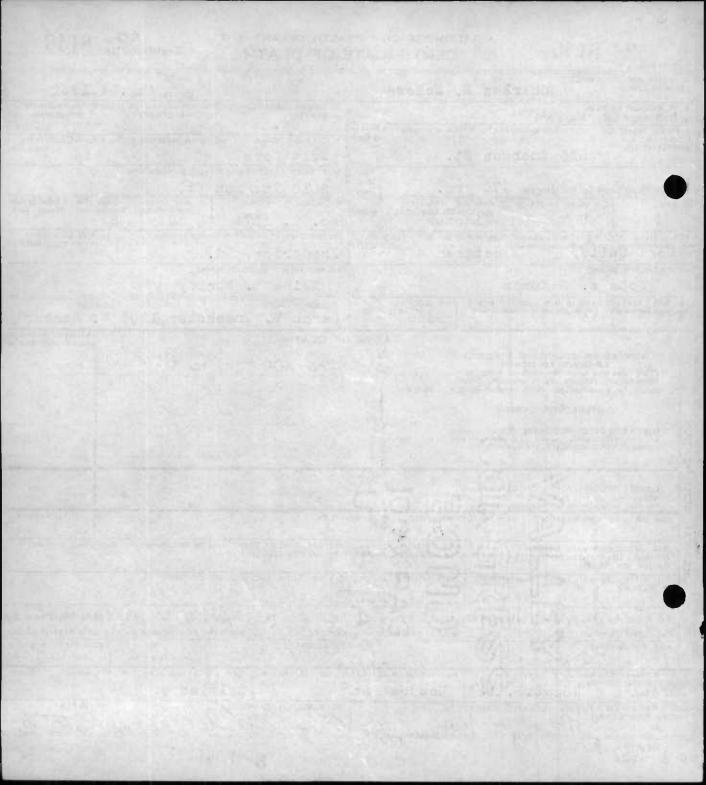
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EP 2 1952

BALTIMORE CITY HEALTH DEPARTMENT

50

52 8146	CERTIFICATI	E OF DEATH	Registered No	8140
I. NAME OF DECEASED (Type or Print) Charle:	s E. McKewen		2. DATE OF Aug. 31	1,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or i	natitution give at real address on	4. USUAL RESIDENCE (
HOSPITAL OR	location)	c. CITY OR TOWN (1	f outside corporate limits,	
2510 Emerson	st.	Baltimore	20-0	township)
	Yrs.	D. STREET ADDRESS (1	rural, give location)	
angth of stay in Baltimore 79	yrs. Mos. Days	2510 Emerson	St.	
	INGLE, MARRIED, YIDQWED, DIVORCED (Specify) VICOWET	B. DATE OF BIRTH Dec. 2, 1871	9. AGE (in years last birthday) Mont	det l Yeer If Under 24 Hours he Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B		11. BIRTHPLACE (State or	foreign country) 1.	2. CITIZEN OF
Meat Cutter	etired	Frederick, Md		WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
John E. McKewen		Alice E. Bu	ckey	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Wyos, give war or dates of set NO	Vice) 16. SOCIAL SECURITY NO.	17. INFORMANT Sarah V. Driec		RESS
heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT	(B)			
TO THE DISEASE OR CONDITION CAU		ATION		20, AUTOPSY?
	ABOR PHENIOS OF OFE			YES NO
	18. PLACE OF INJURY (e. g., i at home, farm, factory, street, office bidg.,		(If in Baltimore City, giv	re exact location)
21D. TIME (Month) (Day) (Year) (Hou	m. 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		RY OCCUR?	
22. I hereby certify that I attende	ed the deceased from	JANE , 1950 to (lug 31, 1952	that I last saw th
deceased alive on 19 28, 19	52 and that death occur	rred at 1:30 Rm., from	the causes and on the	date stated above
23A. SIGNATURE	1 2	3325 teder	ch am	9 2 JZ
24A. BURIAL CREMA- TION REMOVAL (Specify) Burial Sept. 3,19	24c. NAME OF CEMETE		timore	r county)' (State)
DATE RECEIVED BY REGISTRAR'S SI		25. EUNERAL BIRECTOR	le/1913 W.	Valle At,
p 2 vs 1952	1 7 5 2	06081	13	



3. PLACE OF DEATH:

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

Female

RTIFICATION

Ш U

24A.

13. FATHER'S NAME

A. Baltimore City, Maryland

ength of stay in Baltimore

unselse

White

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE HEDWIG CULLEY DEATH September 2. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) Maryland Kent. of not in hospital or institution, give street address or location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Rock Hall Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years | 1 Under | Year | 1 Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) anne 10A. USUAL OCCUPATION (Give kind of sork done during most of working life, even if retired) 11/BIRTHPLACE (State or foreign country) 108. KIND BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mon NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rupture of spleen 5 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **XXXXXX** ANTECEDENT CAUSES Massive peritoneal hemorrhage RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

DISEASES OR CONDITIONS, IF ANY, GIVING

11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIBUTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.)

23A. SIGNATURE

Street 21E. INJURY OCCURRED

OF INJURY (Month) (Day) (Year) (Hour) Sept. 2 Noon WORK

22. I certify that I took charge of the remains described above, held an _

NOT WHILE

218. PLACE OF INJURY (e.g., in or

21c. WHERE DID INJURY OCCUR?

Broadway and Orleans Street

21F. HOW DID INJURY OCCUR? Passenger in auto

which collided with truck

Partial Autopsy

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses \square , accident \square , suicide \square , homicide \square , undetermined \square 238. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.

(If in Baltimore City, give exact location)

	- III BUULK
BURIAL, CREMA-	24B MATE
REMOVAL (Specify)	
The contract of	1 6

MEDICAL INVESTIGATOR. MAME OF CEMETERY OR CREMATORY

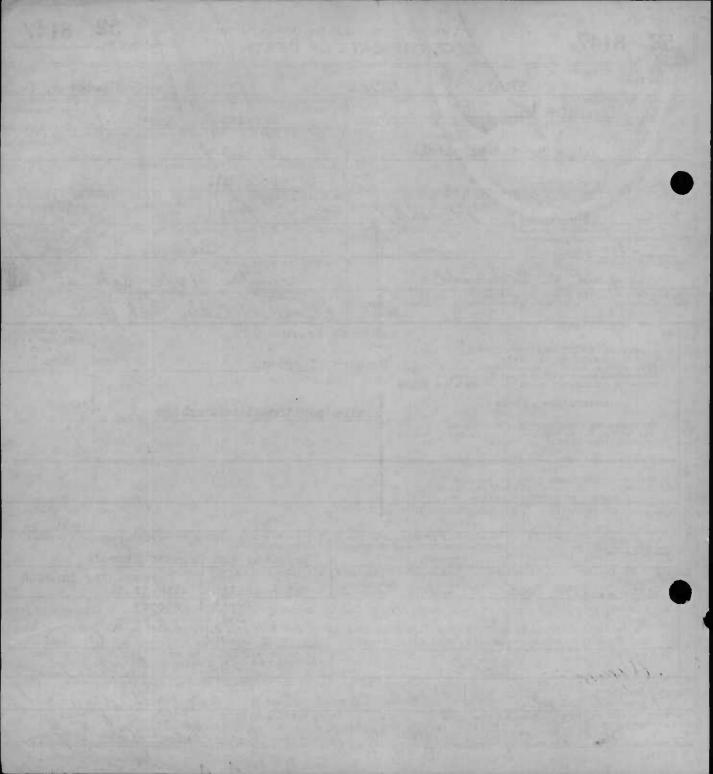
25. FUNERAL

24D. LOCATION (City, town, or county)

ADDRESS

thereon and from

DATE RECEIVED BY LOCAL REGISTRAR



52 8148 BALTIMORE CITY HEALTH DEPARTMENT 8148 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Also know las Richal or Ray Gottlieb 9-2-50 DEATH Mary 2. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland BALTImore City B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Anne Arundel location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Annapolis D. STREET ADDRESS (If rural, give location) SOUTHOATE ngth of stay in Baltimore AUC. Days 8. DATE OF BURTH 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. Female White married IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HousewiFe New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Reichel Hyman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17, INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH w mitral stemmin (This does not mean the mode of dying, e.g., DUE TO febrill I heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 9 - 2 , 195 that I last saw the 22. I hereby certify that I attended the deceased from 7-3, 1932 to deceased alive on 7- 2, 1952, and that death occurred at Y: 3 Pm., from the causes and on the date stated above. 23A. SIGNATURE _ 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR Lezios DATE RECEIVED BY RESISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

52 81.50

ll .	56 81	1011	CI	ERTIFICATI	E OF DEATH	Registered N	vo
	NAME OF D	ECEASED				2. DATE	
	Type or Print)	Florence		Rogers		OF	-30-1952
	Baltimore		Balto.		4. USUAL RESIDENCE (\) A. STATE		institution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institution,	give street address or location)			s, write RURAL and give
P	LONE .	349 Lammon	Street		Baltimore	18	township)
	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (If	A.	
- September	. SEX	6. COLOR OR RACE	7. SINGLE, M	IARRIED.	849 Lemmon		Under I Year If Under 24 Hours
	Female	Col.	Widow	DIVORCED (Specify)	Sept. 28.1900	51	onths Days Hours Min.
wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF	F BUSINESS OR INDUSTRY	11. BTRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	House	ewife	At Hor	me	Baltimore		U.S.A.
13	3. FATHER'S			PLAN F	14. MOTHER'S MAIDEN N	AME	
		jamin Smith			Sussie Smi	th	
(Y	es, ao or unkoown)	ED EVER IN U. S. ARME! (If yee, give war or date	FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
1	10				Bessie Rogers	107 Hayes	
	18. 230	0 X ,		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION		. 2.	testinal Obs	-	2 .1
	(This does	not mean the mode oure, asthenia, etc. It mes	of dying, e. g.,	(A)	asimal obs	Muselins	& muite
		complication which		DUE TO	un Sartie a		
		ANTECEDENT CAUS	SES	1	29 -		2
z	DISEASE	S OR CONDITIONS, 1	E ANY GIVING	(B)	nu Nostur i	Mestinal	Longin
 	RISE TO T	THE ABOVE CAUSE (A)	STATING THE	OUE TO	V		
US	ONDENE	Third Condition Ex	131.	(C)		************************************	
RTIFICATION		11					
		SIGNIFICANT COND					
CE	TO THE D	ISEASE OR CONDITION	CAUSING IT.				
1	19A, DATE	OF OPERATION O	9B. MAJOR FI	INDINGS OF OPER	RATION		20. AUTOPSY?
DICAL	214 ACCIE	DENT WAS UNDER-	21B. PLACE	OF INJURY (e. g., i	n or 21c. WHERE DID ((If in Baltimore City,	give exact location)
ED		R CONTRIBUTING .	ebout home, farm	, factory, street, office bldg.,			
	ID. TIME	(Month) (Day) (Year	(Hour) 218	INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	DF INJURY			LE AT NOT WHILE			
	22. I herel	by certify that I at		ceased from	· 25 1952 to	8.30 195	that I last saw th
	deceased a	live on 8-29	1952 an	d that death occur	rred at & Am., from	the causes and on t	he date stated above
	23A GIGNA	TURE O DA	00	2	3B. ADDRESS	Ra 1	23c. DATE SIGNED
_	Joa	w V. mu	ven y	м. о.	1227 Wall	De d	
2 T	ON REPOVAL	CREMA 24B. DATE Specify)	1 1940	C. NAME OF CEMETE	RY OR CREMATORY 24D. L	LOCATION (City, town	, or county) (State)
	Burial	9/2/19			em. Ba	Itimore Md.	
5	ATE RECEIVE	JAR Huntin	ston Wil	liarus- ME	Eng Wilso	n Irm Bu	antly we
	VS 150		7	5 2 0	00818	1	
11				100		4	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

D. 14. 1		
Registered	No	 _

	-0 01 -4	HEALTH DEPARTMENT		
BI	CERTIFICA	TE OF DEATH	Registered No.	
(T:	NAME OF DECEASED PPE OF Print) MASLIN : ETHEL	WRIGHT	2. DATE OF SEP.	2, 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address location)	\	outside corporate limits, w	rite RURAL and give
	ZELMHURST RD BALTOY	O BALTIMO	RE 27-	14 township)
G.	Length of stay in Baltimore	8. 1 7- ELM L	URST R	D
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH	9. AGE (In years if Under last birthday) Month	er I Year H Under 24 Hours B Days Hours Min.
	N. USUAL OCCUPATION (Givehind of done during most of working life, even if retired)	BHLTO.	reign country) 12	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NA	T GLIPHI	ONT
(Yee	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or woknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT		RESS J.
	18. I F 2 V CAUSI	E OF DEATH	- 4. 47.02	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	L OI DEATH	0	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	colon	- h 17k	2412
	ANTECEDENT CAUSES	mutastase	8	
NO O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	······		
CAT	UNDERLYING CONDITION LAST. (C)			
RTIFIC	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED			
빙	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	SERATION		L SO ALITODOVA
AL	138. MAJOR PINDINGS OF OF	ENATION		YES NO
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office his		f in Baltimore City, give	exact location)
	D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUI	ILE	OCCUR?	
	22. I hereby certify that I attended the deceased from	124, 105, 40.9	12 , 1953,	hat I last saw the
	deceased alive on , 10 , and that death occ		e causes and on the c	
4	Valle of Jenner M. D.	11 w 27	TOOH 9	30 DATE SIGNED
710 TIO	A. BURIAL, CREMA- MAREMOVAL (Specify) Sept 4/52 Louds	TERY DREMATORX 240. LC	Back he	county) (State)
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR 1 3 1952	25. FUNERAL DIRECTOR	is r Sono Co 40,	DDRESS DS-4ntal
	VS 150	and find of I	0.8	1

Dr. Renner

GRIMES BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DEGESED 2. DATE DEATH Q 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, I institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural give location) Yrs. Mos. 100 K ngth of stay in Baltimore Davs AGE (In years | If Under 1 Year | If Under 24 Hours | Instituted | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ACE/State or foreign country) 12. CITIZEN OF work done-during most of working life, even if retired) Commercial INDUSTRY WHAT COUN Credit 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORM (If yes, give war or dates of service) SECURITY NO. (Yes, no or unknown) -09-0679-4 18. 232X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or ebout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from any . 1922 to_ . 19___, that I last saw the , 19 5 2, and that death occurred at 3:00 pm., from the causes and on the date stated above, deceased alive on July 1 23A SIGNATURE 23c, DATE SIGNED Congot drawn 24A. BURIAL, CREMA-24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) Buria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

Br. Ernert C Brown

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8153

B	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No	
1.	NAME OF D					2. DATE		
			Frank	. Glantz		DEATH Augu	ist 31,	1952
Α.		City, Maryland 7			4. USUAL RESIDENCE A. STATE Maryle	(Where deceased lived.	If institution	: residence ore admission
H	 B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 					(If outside corporate lin	aits, write RU	RAL and giv
	41				Baltimore	12.	-01	township
7	D	A ! TI-14!		Yrs. Mos.	D. STREET ADDRESS			
5	SEX	tay in Baltimore	7 SINGLE	Days F MARRIED	7 Wendover	9. AGE (In years)	Il Under 1 Year	II Under 24 Hous
1	Male	White	Widow	E. MARRIED. VED, DIVORCED (Specify)	Oct. 5, 1874	last birthday)		Hours Min
10	A. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZ	
	hvsician	of working life, even if retired)	Medic	industry			WHA	T COUNTRY
	FATHER'S	NAME	Meare	Alle	Maryland 14. MOTHER'S MAIDEN	NAME		-
	Christ	tian Glantz			Catherine E. S			
15	. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
N		(at yes, give war or date	s of service)	SECURITY NO.	Mrs. Marie O'Ke	efe 7 Wendove		
	18. 11 5	0.0		CAUSE	OF DEATH		INTER	VAL BETWEET
	18. 42		DIRECTIV	0.1002	OI DEATH		ONSET	AND DEATH
	This does not mean the mode of dying, e.g., (A) Coronary Oron Coron					Mario	6/	Total
	heart failu	re, asthenia, etc. It mea	ns the diseas	e,	awing auso	M. Control	70	weary
	injury or	complication which c	aused death	.) DUE TO				
	ANTECEDENT CAUSES			rio-scleratio	16.4.9	5	5	
ERTIFICATION	DISEASES	S OR CONDITIONS, II	F ANY, GIVIN	NG .	as accessors	JEHRANI Y I	2000	140
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO	arterioso	00.00.0		91
C				(C) Ven	, wrience 40	cerous	***************************************	.I
H		11						-
L		IGNIFICANT CONDI						
CE		TO THE DEATH, BUT ISEASE OR CONDITION						•••••••
_	19A. DATE C	F OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	RATION		20.	AUTOPSY?
V				•			YES	U NO A
EDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING	21B. PLA about home,	ACE OF INJURY (e. g., if	n or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City	, give exact	location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?		
F	OF INJURY			WHILE AT NOT WHILE				
h	22 7 1		m.	WORK AT WORK	10 110 10	0-21-10	600.11	7
		y certify that I att		and that death occur		8-3(-,19), the causes and on		
	23A. SIGNA		, 19,200		238. ADDRESS	t the causes and on		TE SIGNED
		CANA	Will	0)) M. D.	3105 n.C	and on St	9-	7-50
2	A. BURIAL.	Decify)	120	84C NAME OF CEMETE	RY OR CREMATORY 24D	. LOCATION (City, tow	n, or county)	(State)
TIC	on, removal (S Burial	opecity)	0	Druid Ridge	D	ileagrilla Ma		
_	ATE RECEIVE	D BY REGISTRAR'	S SIGNATL		25. FUNERAL DIRECTO	<u>ikesville, Md</u>	ADDRES	S
LC	CAL REGIST	RAR LL A	nator	111	Vllrich Runeral			
1	FD 2 11	167 1 1 www	wy w	TIMALALA LANGO IVEST	the same of the same of the same	MOOO OI		

52 BIRTH	No.	150	-2	71	46	
1. NAM		DECEAS	ED	,	Or	

CERTIFICATE OF DEATH

2. DATE DEATH (Where deceased lived. If institution: residence

Registered No .-

NOK 10	AV LO K	
or institution, give s	street address of location	

Yrs.

CAUSE OF

13/10/15

B. COUNTY before admission) (If outside corporate limits, write RURAL and give

D. STREET ADDRESS (If rural, give location) FULT ON

Mos. Dava

8. DATE OF BIRTH 12-10-50 11. BIRTHPLACE (State or foreign country)

9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months! Days Hours! Min. 10

WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY

(If not in hospital o

6. COLOR OR RACE

BINDIN

7. SINGLE, MARRIED

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ngth of stay in Baltimore

16. SOCIAL

ADDRESS

2 BWEZ

18.

RTIFICATION

 $\overline{0}$

EDICAL

3. PLACE OF DEATH:

Will.

a. FULL NAME OF

HOSPITAL OR

INSTITUTION

A. Baltimore City, Maryland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. oo or uoknowo) (If you give war

SECURITY NO.

Fulton

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

DUE TO

KNCE PHOLOPATHO

INTERVAL BETWEEN ONSET AND DEATH

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

19 25, and that death occurred at 15

20. AUTOPSY

21A. ACCIDENT WAS UNDER-

22. I hereby certify that I attended the deceased from 8/28/52

21B. PLACE OF NJURY (e. g., io or about home, farm, faq ery, street, office bidg., etc.)

21c. WHERE DID INJURY OCCUR?

238. ADDRESS

(If in Baltimore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Moth) (Day) Wear F INJURY

(Hour) 21E. NURY OCCURRED WHILE AT

, 19___, that I last saw the Min., from the causes and on the date stated above.

234. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE

deegased alive on

24C, NAME OF CEMETERY OR CREMATORY

230 DATE SIGNED

3urial DATE RECEIVED BY

LOCAL REGISTRAR

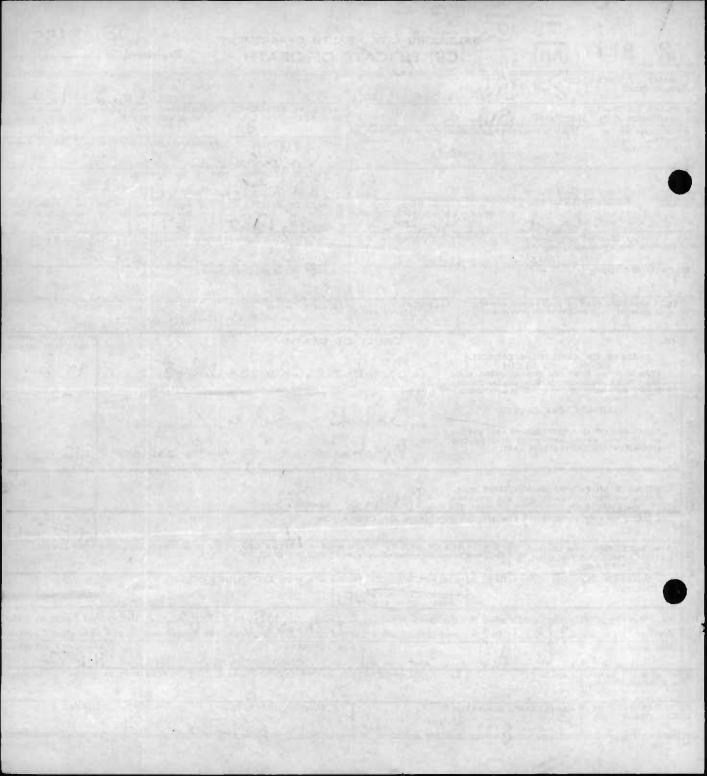
REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

Higus My

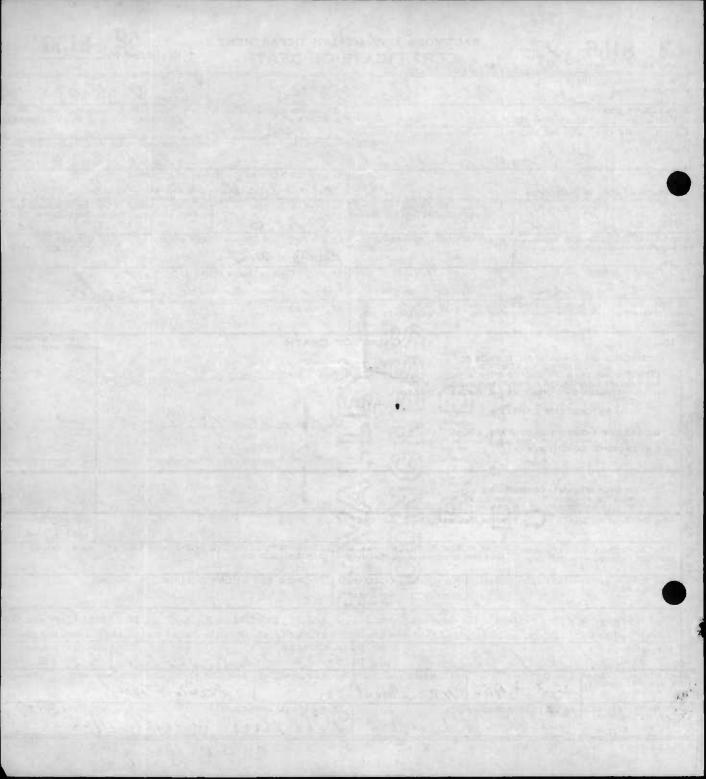
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EATH DAINE SON Comment of with HOTAL MEDIT 62102 93 44249 STOROGRAM HOLL BORDERS Manager through the fact working the large of the fact through the large of the large 2/28/2 Tests of the getting the state of the

6	20				
	BALT	IMORE CITY HE	ALTH DEPARTMENT	52	8155
			E OF DEATH	Registered No	(3.2 (3) 3
	RTH NO.		- 0. 22/1111		
	NAME OF DECEASED ype or Print)	ran mor	DAA .	OF SOL 4	1952
3.	PLACE OF DEATH:	move 1110 c	4. USUAL RESIDENCE (W		
_	Baltimore City, Maryland State of FULL NAME OF (If not in hospital or institution	n, give street address or	A. STATE Md	B. COUNTY	before admission
H	SPITAL OR STITUTION	location)	c, CITY OR TOWN (If	outside eorporate limits, wr	
2	JOHNS HOPKINS HOSP		Baltimor	e 10-0) 2 township
		Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	+
5.	Length of stay in Baltimore SEX [6. COLOR OR RACE] 7. SINGLE.	Days	B. DATE OF BIRTH	9. AGE (In years It Under	1 Year If Under 24 Hours
		D, DIVORCED (Specify)	Dec 10 1884	last birthday) Months	
10	A. USUAL OCCUPATION (Givekindof) 10B. KIND		11. BIRTHPLACE (State or for		CITIZEN OF
Z	done during most of working life, eyon if retired)	teel Co.	Buckender	a Count	WHAT COUNTRY
Je.	FATHER'S NAME	MILL	MOTHER'S MAJOEN NA	ME	
5	erry Morrie		Jennie		
(Y)	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	T. INFORMANT	ADDR	ESS
/		9	JOHNS HO	OPKINS HOSPITAL	
	18. 443x and 260x	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	man On and	0.0	48 /
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		A must a Land to another than		
	injury or complication which caused death.)	DUE TO			
z	ANTECEDENT CAUSES	(B) Challed	l ambolus		
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE			000	^
CA	UNDERLYING CONDITION LAST.	(C) HYPANS	mus adversor	the appliance	
TFIC	11				
ERTII	OTHER SIGNIFICANT CONDITIONS CON-	D. aL	mil		
Ü	TO THE DISEASE OR CONDITION CAUSING IT.	FINDINGS OF OPER	ATION		ao Auropaya
AL	198. MAJOR P	FINDINGS OF OPER	ATION		YES NO
DICAL		CE OF INJURY (e. g., In		in Baltimore City, give	
ME	LYING OR CONTRIBUTING CAUSE OF DEATH	m, racoox y, sorross, omoo orage, o	with this birth occount		
7	INJURY	1E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
h		WORK NOT WHILE			
	22. I hereby certify that I attended the d		1952, to		at I last saw th
	deceased alive on 1953, an		red at C. + O A n., from th		ate stated above
	23A. SIGNATURE	M. D.	JOHNS HOPKIN		-1-52
2.	A. BURIAL, CRAMA: 24B. DATE N. REMOVAL (Specify)		RY OR CREMATORY 240. LC		ounty) (State)
た	Dunal Sest. 5/521	broutus	mentack ((chutus).	nd
	TE RECEIVED BY REGISTRAR'S SIGNATUR	E	25. FUNERAL DIRECTOR	Paris Q AD	DRESS
Œ	02 1952 Muntington 1	Misus MI	Instituted ! Co	best & Dung	ales
PE	Vs 150	5-2	112901	Carrene	ST.
1	1	17703	A		



315		X
76 26 1 75	IFICATE OF DEATH	Registered No. 8156
1. NAME OF DECEASED (Type or Print) Bally Ball	tubben	2. DATE OF DEATH 8-3802
3. PLACE OF DEATH: A. Baltimore City, Maryland Bulta A	4. USUAL RESIDENCE	E (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF Alf notifin hospital or Institution, give str HOSPITAL OR INSTITUTION	reet address or location) C. CITY OR TOWN	(If outside corporate limits, write RURAL and give township)
Cength of stay in Baltimore	Yrs. D. STREET ADDRESS Mos. Days 1203 May	(If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIE WIDOWED, DIVOR	D. 8. DATE OF BIRTH	9. AGE (In years Il Under 1 Year Il Under 24 Hours last birthday) Months: Days Hours Min.
IOA. USUAL OCCUPATION (Givekind of tops to the top tops to the top tops to the top tops top tops to the top tops top	NESS OR II. BIRTHPLACE (State	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDE	erde Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SEC	IAL URITY NO. 17. INFORMANT	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G)	Prelapel	onset and death I mi 20 mi
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDING	S OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, s CAUSE OF DEATH	JURY (e. g., in or large treet, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
INJURY (Month) (Day) (Year) (Hour) 21E. INJU WHILE AT WORK	RY OCCURRED 21F. HOW DID IN NOT WHILE AT WORK	JURY OCCUR?
22. I hereby certify that I attended the deceased deceased alive on 8/1, 195, and that	death occurred at 11:18 m., fr	om the eauses and on the date stated above.
23A. SIGNATURE CLAS AT ALSON 24A. BURIAL, CREMA- 24B. DATE 24C, NAME 24C, NAME 24C, NAME 24C, NAME 24C, NAME	M. D. 3432 Tres	Lesses Care 9 2 53 40. LOCATION (City, town, or county) (State)
TION. REMOVAL (Specify) Sept. 3, 1952 mt.	alivet	Balto my
DATE RECEIVED BY REGISTRAR'S SIGNATURE SEP 3 1952 Funlington Wallaus	Dill Bro	a. Fredly, Are.
VS 150	52008	! F 8



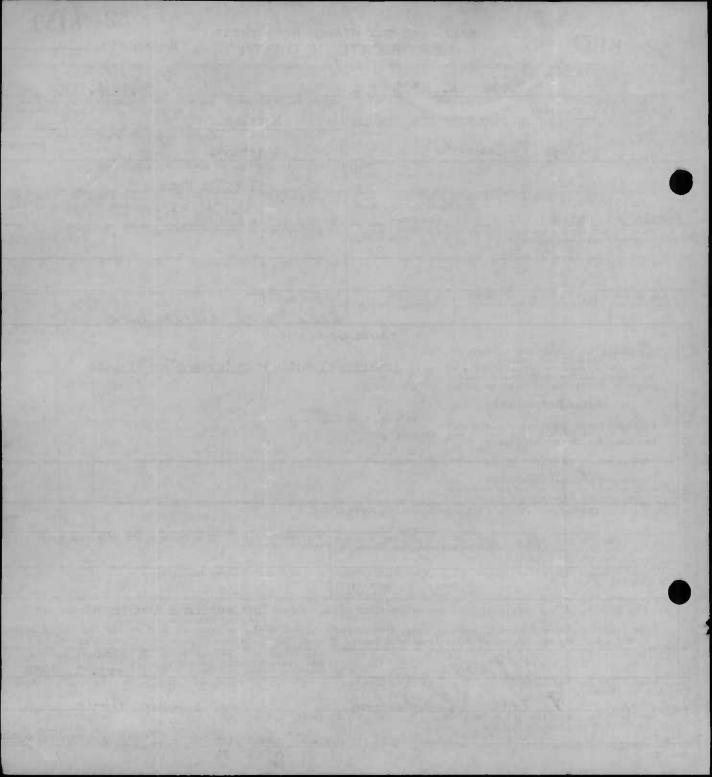
600					
52 8157	BAI	LTIMORE CITY HE	EALTH DEPARTMENT		/2
52 8157		CERTIFICAT	E OF DEATH	Registered N	9 9157
1. NAME OF DECEAS	ED			2. DATE	
(Type or Print)	THOMAS	GARRY		DEATH Sept.	1. 1952
3. PLACE OF DEATH: A. Baltimore City, M.	0	A. MA	4. USUAL RESIDENCE (V	Where deceased lived. If in	nstitution : residence
B. FULL NAME OF	f not in hospital or institut	ion, give street address or		B. COUNTY	before admission
HOSPITAL OR INSTITUTION		location)	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
Bal	timore City Mor		Baltimore	72-	45 township
	1.0	Yrs. Mos.	D. STREET ADDRESS (If		
Length of stay in		Days E. MARRIED.	1924 Maise		ender I Year If Under 24 Hours
		FD. DIVORCED (Specify)			onder 1 Year if Under 24 Hours this Days Hours Min.
	ION (Givekind of 108. KINE	OF BUSINESS OR	76.15 1933 11. BIRTHPLACE (State or for	preign country	12. CITIZEN OF
work done during most of working	ifn even if retired)	INDUSTRY	13.01.	n d	WHAT COUNTRY
13. FATHER'S NAME	avier ru	R. T.	14. MOTHER'S MAIDEN N	AME	usn
Samuel	I Han	" Casale	Margares	1 Sheet	4. O. 1
15. WAS DECEASED EVER	IN U. S. ARMED FORCES	16. SOCIAL	17. INFORMANT	G. Car	DRESS
(Yes, no or unknown) (If ye	, give war or dates of service)	SECURITY NO.	The Margar	all Sul	traland &
18. F 929. V		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR	CONDITION DIRECTLY				ONSET AND DEATH
(This does not me	NG TO DEATH an the mode of dying, e.	. (A) Drown	ing		
heart failure, asthe	enia, etc. It means the discassation which caused death	e, i.) DUE TO			
ANTEC	EDENT CAUSES	1. Wat 1			
Z DISEASES OF CO	NOITIONS IF ANY ANY	(B)	***************************************	***************************************	******
RISE TO THE ABD	ONDITIONS, IF ANY, GIVEN VE CAUSE (A) STATING THE	HE DUE TO			A CONTRACTOR OF THE PARTY OF TH
LA:	SINDITION LAST.	(C)		***************************************	
O DISEASES OR CO	11				
TRIBUTING TO TH	CANT CONDITIONS CON E DEATH, BUT NOT RELATE	ED			
U 19a. DATE OF OPER	DR CONDITION CAUSING I	FINDINGS OF OPER	ATION		20. AUTOPSY?
TA TOX. BATE OF OFER	138, MASON	7 1110 01 01 01 21	ATTON		YES NO X
21A. EXTERNAL CA UNDERLYING A O	USE WAS 218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, gi	
UNDERLYING A OUTING CAUSE		torm drain	Ontario and A	mber Sts.	20/43
		21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
uly 8, 1952	(disappeared)	WORK NOT WHILE	X Swept into st		
22. I certify that	I took charge of the	remains described a	bove, held an inspect.	ion & inquiry	thereon and from
			'nquiry, find that said de	Inspection or Inquiry	
and death in	my opinion resulted f	rom: natural causes	🗓, accident 🔼, suicide	□, homicide □, un	determined .
23a. SIGNATURE	RSFish	2 M.	238. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATE	EXAMINER	pt. 3, 1952
24A. BURIAL. CREMA- TION, REMOVAL (Specify)	248, DATE	24C. NAME OF CEMETER	RY OR CREMATORY 24D. LO	OCATION (City, town, o	r county) (State)
Durial	241 11 15%	Then C	alhedul.	raite Misi	i
LOCAL REGISTRAR	REGISTRAR'S SIGNATU	RE / L) ·	25. FUNERAL DIRECTOR	67	ADDRESS
SEP 3 1952	Murtington /	discus, M.P.	It Hama	ul Chang	(0)
VS 151 N 990X	44 44 4	5 42664	Miller -3	Charles S	of Bato and

district Englished the Colonial Black Alberta well the same of the same

ВІ	620 RTH NO.	O 8158			EALTH DEPARTMENT E OF DEATH	- 52 Registered No	8158
	NAME OF D	ENMA	M. K	RAUS	The state of the s	2. DATE OF DEATH AUG:	31: 1952
	PLACE OF E				4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)						F-1	24
					C. CITY OR TOWN (If outside corporate limits, write RULAL and give township)		
	20	4213 Massa	chuset			ity Le	township)
	ngth of s	stay in Baltimore		Life Mos.	d. STREET ADDRESS (I		
5.	SEX	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		der I Year I Under 24 Hours
	Female	White	Marr		10-26-1876	75	
10 worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 1	2. CITIZEN OF
	Housew1		At	Home	Baltimore	Maryland	WHAT COUNTRY!
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN !	NAME	
(George	M. Manger			Elizabeth :	Beck	
15 (Ye	No or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date)	of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS F. Henry Kraus		
MEDICAL CERTIFICATION	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING TO THE D 19A. DATE (LYING O CAUSE OF 21D. TIME	DENT WAS UNDER-	f dying, e. g ns the disease aused death. ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for	B) DUE TO date (B) Cara GE DUE TO GENE	n or 21c. WHERE DID	Ry OCCUR?	Several Fors. 18 kcontly 20. AUTOPSY? YES NO Re exact location)
r	INJURY WHILE AT NOT WHILE						
	22. I hereby certify that I attended the deceased from Mark 1, 195/to August 31, 195, that I last saw the deceased alive on 23A. SIGNATURE 23A. SIGNATURE M. D. 23B. ADDRESS M. D. 23B.						
	AA. BURIAL.		2	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	county) (State)
110	ON, REMOVAL (S BURIAL	SEPT:	:52	Lorraine Pa	ark Cemetery	Woodlawn Mar	yland
D.	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1952 Huntington Walliams, M.J. J. Wikkent & Society						
	vs 150 F.B. WIPPERT & SON LOO EUTAW P1.17						

SAN WILLIAMS OF THE VENT OF THE

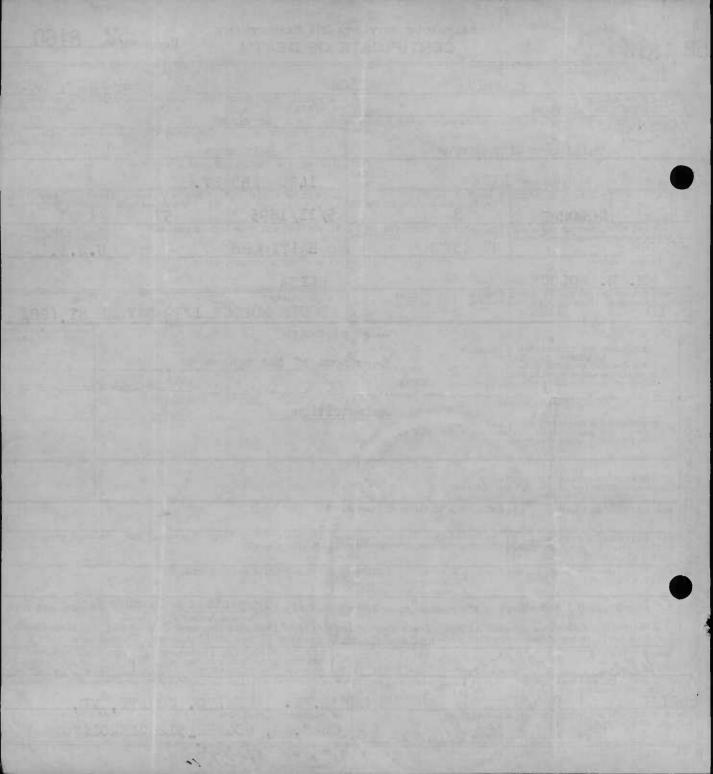
8159 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Sept. 1, 1952 EMMA BANN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY thre admission) Maryland f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate imits, Fite RERAL and give INSTITUTION 3951 Falls Old. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 3951 Falls Road Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years In Under 1 Year In Under 24 lious last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) 12,1865 female white IOA, USUAL OCCUPATION (Givekind of 11. FIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, eveo if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 3519/Tours INTERVAL BETWEEN CAUSE OF DEATH +22.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES (B) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES NO 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER X 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.
MEDICAL INVESTIGATOR..... 24A. BURIAL, CREMA-24C, NAME OF CEMETERY OR CREMATORY | 240, LOCATION (City, town, or county) TION, REMOVAL (Specify) and. Buria DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR unlivelors 2615-17 151



N-420

BALTIMORE CITY HEALTH DEPARTMENT

PBIRTH NO. SO	CERTIFICATI	E OF DEATH	Registered No. O 1011			
1. NAME OF DECEASED (Type or Print)	LUMBUS MOLO	OV	DATE OF August 29, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland			deceased lived. If institution: residence B. COUNTY before admission			
8. FULL NAME OF ('f not in hospit HOSPITAL OR	al or institution, give street address or location)	Maryland				
Baltimore Ci		c. CITY OR TOWN (If outsi	de corporate limits, write RURAL and give township			
	Yrs. Mos.	D. STREET ADDRESS (If rural,	give location)			
Length of stay in Baltimore	LIFE Days					
5. SEX 6. COLOR OR RACE Male COLORED	7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)		ast birthday) Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY			
PRODUCE	HUCKSTER	BALTIMORE	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
WM. H. MOLOCK 15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	ELIZA				
(Yes, no or unknown) (If yes, give war or date:	of service) SECURITY NO.	LOUIS MOLOCK_12	ADDRESS 239 BAYARD ST (BR)			
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma of the tongue					
	ANTECEDENT CAUSES (B) Malnutrition DISEASES OR CONDITIONS, IF ANY, GIVING					
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	STATING THE DUE TO ST. (C)					
<u>u</u> 11						
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
U 19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e					
21D. TIME (Month) (Day) (Year) OF INJURY	CUR?					
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dand death in my opinion resulted from: natural causes , accident , suicide , homicide , unde 23A. 3IGNATURE						
24A. BURIAL. CREMA- 24B. DAVA		D. MEDICAL INVESTIGATOR	INER Aug. 30, 1952			
TION, REMOVAL (Specify) BURIAL 9/6/52	4	ATT DV DATEO	OLIMINA PAD			
DATE RECEIVED BY I DECISTRADE	O ARBUTUS MEI	25. FUNERAL DIRECTOR	ADDRESS			
SEP 3 1952 Huntin	ration Williams M. H.	CHAS, G, COOPER_	512 CARROLLTON AV.			
V S 151	1 430 624	Chas Story	ser V			



BIRTH NO.

BIRTH NO.

DESCRIPTION OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8104

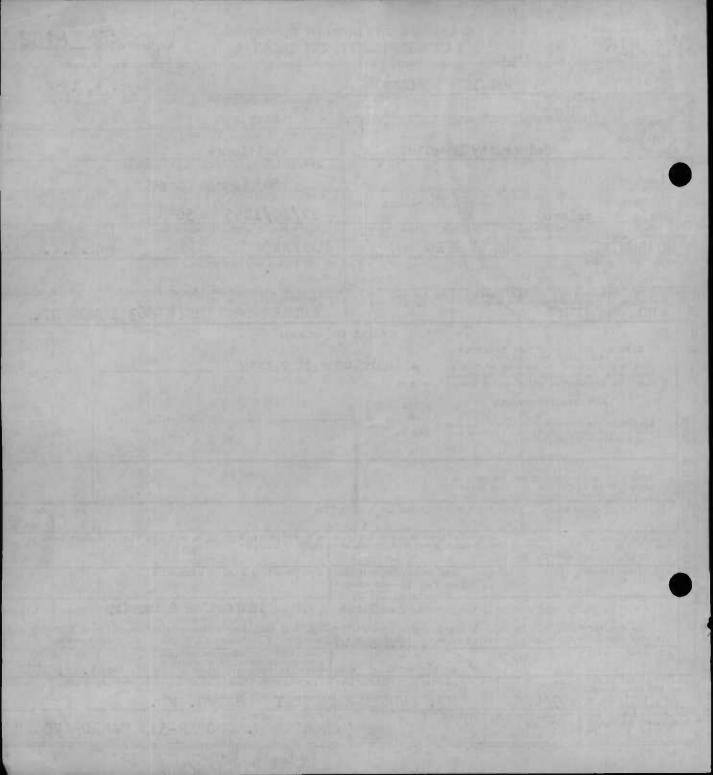
	NAME OF D	ECEASED				2. DATE			
(1	Type or Print)	WI	LSON	PANNELI	ia de la companya de	DEATH Septe	ember 1, 1952		
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (W				
В.	FULL NAME		al or institution	give street address or	Maryland				
	OSPITAL OR			location)	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give		
	9	Provident H	ospital		Baltimore	12	- 0 township)		
				Yrs.	D. STREET ADDRESS (If	rural, give location)			
	Length of s	tay in Baltimore	LIFE	Mos. Days	3214 Baro	clay Street			
5.	SEX	6. COLOR OR RACE	7. SINGLE,	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	t Under 1 Year If Under 24 Hours		
1	Male	Colored	MIDOWEL	D. DIVORCED (Specify)	4.8.1900	52	onths Days Hours Min.		
10	A. USUAL OC	CUPATION (Givekinder	108. KIND C	F BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF		
WOL	PORTER	of working life, even if retired)	CAFE	INDUSTRY	BALTO. MD.		U.S.A.		
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME			
	CLARK F	PANNELL			GEORGIA JOH	INSON			
15	. WAS DECEASE	ED EVER IN U. S. ARMED	FORCES? 1	16. SOCIAL	17. INFORMANT		DDRESS		
(Ye	NO or unknown)	NONE	s of service)	213-61-725	GERTRUDE PANI	VELL(W) 3211	BARCLAY		
	18. E 8	80.0		CAUSE	OF DEATH		INTERVAL BETWEEN		
		SE OR CONDITION	DIRECTLY				ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Fatty liver								
	heart failu	ire, asthenia, etc. It mea	ins the disease,		***************************************	•••••	********		
	injury or complication which caused death.)								
	ANTECEDENT CAUSES Bronchapneumonia								
DISEASES OR CONDITIONS, IF ANY, GIVING									
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.									
Y	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)								
F	OTHER SIGNIFICANT CONDITIONS CON-								
RT	TRIBUTING								
Ш	TO THE D	ISEASE OR CONDITION							
0	19A. DATE O	F OPERATION 1	9B. MAJOR F	INDINGS OF OPERA	ATION		20. AUTOPSY?		
AL			1 21n DI ACE	OF INTURY (a - in	or 21c, WHERE DID (I	f in Baltimore City, s	YES X NO		
DIC	UNDERLYIN	NAL CAUSE WAS G I OR CONTRIB-		E OF INJURY (e. g., in a,fectory,street,office bldg.,et		in battimore City, a			
出	UTING CAUSE OF DEATH.				3214 Barels	ay Street	12/2		
Σ	210. TIME ((Month) (Day) (Year)	(Hour) 21	- MANAGENERS					
	OF INJURY	(======)		E. INJURY OCCURRE					
	OF INJURY	e. 30. 1952	WHI	LE AT NOT WHILE AT WORK	D 21F. HOW DID INJURY		iol		
	Ave	e. 30, 1952	m. WRI	NOT WHILE	Ingestion of				
	22. I certij	fy that I took char	m. wer	nains described as	bove, held an Autopsy, I	topsy	thereon and from		
	22. I certify the evi	fy that I took char	rge of the rc	mains described at	bove, held an Autopsy, Inquiry, find that said de	topsy Inspection or Inquiry Increased died on th	thereon and from e day stated above.		
	the cvi and de	fy that I took char idence obtained by ath in my opinion	rge of the rc	mains described at	bove, held an Autopsy, I aquiry, find that said de N, accident , suicide	inspection or Inquiry inspection or Inquiry increased died on the , homicide , u	thereon and from e day stated above.		
	the cvi and de	fy that I took char idence obtained by ath in my opinion	rge of the rc said Autops resulted from	mains described at y, Inspection or In matural causes	bove, held an Autopsy, I autopsy, I find that said de Autopsy in accident , suicide 23B. CHIEF MEDICAL E ASSISTANT MEDICAL E	inspection or Inquiry cocased died on the , homicide , u	thereon and from e day stated above, ndetermined []. c. DATE SIGNED		
24	the cvi and de 23A. SIGNAT	fy that I took char idence obtained by ath in my opinion TURE	m. war	mains described at y, Inspection or In matural causes M.	bove, held an Autopsy, I aquiry, find that said de N, accident , suicide	inspection or Inquiry cocased died on the , uexaminer	thereon and from e day stated above, ndetermined c. DATE SIGNED Sept. 2, 1952		
24 TIO	the cvi and de	fy that I took char idence obtained by ath in my opinion TURE	m. war	mains described at y, Inspection or In m: natural causes M. NAME OF CEMETER	bove, held an Autopsy, I autopsy,	nspection or Inquiry ceased died on the homicide , u	thereon and from e day stated above, ndetermined c. DATE SIGNED Sept. 2, 1952		
BU	the evi and de 23A. SIGNAT A. BURIAL. CON, REMOVAL (S RIAL.	fy that I took char idence obtained by ath in my opinion TURE CREMA- 248. DAYE pecify) 9/6/52 D BY REGISTRAR'S	m. war	mains described as y, Inspection or In m: natural causes M. C. NAME OF CEMETER AT WORK AT WORK AT WORK AT WORK AT WORK NAME OF CEMETER AT WORK AT W	bove, held an Autopsy, I autopsy,	nspection or Inquiry ceased died on the homicide , u	thereon and from e day stated above, ndetermined c. DATE SIGNED Sept. 2, 1952		
BU	the cvi and de 23A. SIGNAT 11. A. BURIAL. (S NN, REMOVAL (S RIAL.	fy that I took char idence obtained by ath in my opinion TURE CREMA- 248. DAYE Pecify) OBY REGISTRAR'S RAR	m. whi we ge of the re said Autops resulted from 244	mains described at work not white not work mains described at y, Inspection or In m: natural causes M. NAME OF CEMETER T. AUBURN (bove, held an Autopsy, Inquiry, find that said de M., accident . suicide assistant medical en Medical investigate are or crematory 240. LCCEMETERY BAI	nspection or Inquiry occased died on the homicide , use the homicide ,	thereon and from e day stated above, ndetermined c. DATE SIGNED Sept. 2, 1952 or county) (State)		
BU	the evi and de 23A. SIGNAT A. BURIAL. CON, REMOVAL (S RIAL.	fy that I took char idence obtained by ath in my opinion TURE CREMA- 248. DAYE pecify) 9/6/52 D BY REGISTRAR'S	m. whi we ge of the re said Autops resulted from 244	mains described at work not white not work mains described at y, Inspection or In m: natural causes M. NAME OF CEMETER T. AUBURN (bove, held an Autopsy, I autopsy,	nspection or Inquiry occased died on the homicide , use the homicide ,	thercon and from the day stated above, ndetermined c. DATE SIGNED Sept. 2, 1952 or county) (State)		

See letter in Document File
From Mm. V. Levitt, Jr., M.D.
Asst. Medical Examiner
9/18/52 ES

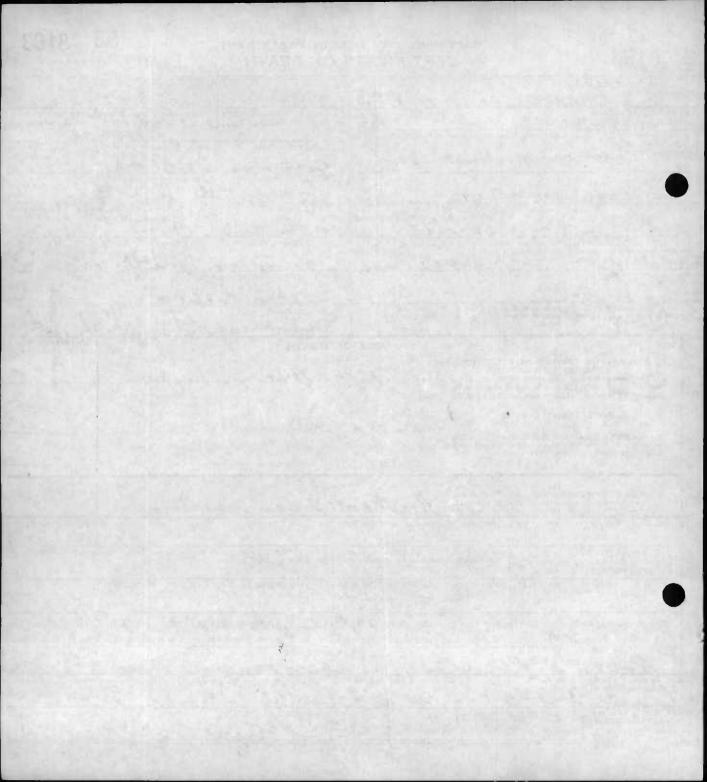
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8162

1 _0	IRTH NO.							
	NAME OF E		MAGGIE	COLLINS		2. DATE OF DEATH Sept.	1, 1952	
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. If in		
В.	B. FULL NAME OF f not in hospital or institution, give street address or				Maryland	i		
	OSPITAL OR			location)		(If outside corporate limits,	write RURAL and give township)	
-	University Hospital				Baltimore			
	anoth of	store in Dollinson		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
5	SEX	stay in Baltimore	7. SINGLE	Days Days	B. DATE OF BIRTH	on Street	nder I Year If Under 24 Hours	
	emale	colored		/ED, DIVORCED (Specify)	12/20/1895	last birthday) Mon	the Days Hours Min.	
10	A. USUAL OC	CUPATION (Givekinde	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF	
WOE	HOUSEWI	of working life, even if retired.	DOMES	TIC	MARLAND		U.S.A.	
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
		*			N.C.			
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS	
	NO	NONE		JEGORITI NO.	ANDREW COLI	LINS(H)863 LE	EMON ST.	
	18. / 7/	× .		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEA	SE OR CONDITION					ONSE! AND DEATH	
	(This doe	LEADING TO DEA s not mean the mode	of dying, e. s	. (A) Carcin	oma of cervix			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
		ANTECEDENT CAU	SES					
z	DISEASE	S OR CONDITIONS	E ANY CIVIN	(B)			*****	
9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO LINDERLY VING CONDITION ASSET						1 1 1 1 1 1 1 1 1 1	
A	UNDERLYING CONDITION LAST. (C)							
RTIFICATION								
RT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
CE	A 5.5	F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?	
II., i	13A. DATE C	OF OFERATION	SB. MASON	THE HOS OF GIEN	111011		YES NO X	
EDICAL	UNDERLYIN	NAL CAUSE WAS	about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	in or 21C. WHERE DID (If in Baltimore City, give exact location)			
M		(Month) (Day) (Year		21E. INJURY OCCURRE	D 21F, HOW DID INJU	By occupa		
	OF INJURY	(120111)	` '	WHILE AT NOT WHILE AT WORK]	KT OCCORT		
	22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from							
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, under						day stated above,	
	23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER							
24	M.D. MEDICAL INVESTIGATOR Sept. 2, 1952 24a. BURIAL. CREMA- 24b. DAFE 24c. NAME of CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)							
TIC	ON, REMOVAL (S BURTAT,	9/1./5	2	MT. AUBURN C		TO. MD.		
D	ATE RECEIVE	D BY DECISTRAD	S_SIGNATU		25. FUNERAL DIRECTOR		ADDRESS	
LC	SEP 3	195 Hunting	+ 111	lliams, M.P.			ROLITONAV	
V	S 151	Ü	1	1 22:084	Chase	av per	7 6	
			Annual Control of the Control	The second secon			The second secon	



	1-7-0						
2	2163				EALTH DEPARTMENT	Registered N	52 8163
BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered 1	
	NAME OF D		50	KAN	5	2. DATE OF 9 -	2 - 5 -
	PLACE OF D	EATH:	CRNI	EST KRA	4. USUAL RESIDENCE (V	DEATH 7	
-		City, Maryland OF (If not in hospite	ai or instituti	on, give street address or	A. STATE mary laves	B. COUNTY Back	before admission)
H	SPITAL OR			location)	c. CITY OR TOWN (If		s, write RURAL and give
16	1	mion m	emorio	a strap.	Bottomas	Sparky	township)
	ength of s	tay in Baltimore	69 up	Yrs. Mos. Days	D. STREET ADDRESS	rural, give location)	5300
=	SEX	6. COLOR OR RACE	7. SINGLE		8. DATE OF BIRTH	9. AGE (in years) If	Under 1 Year If Under 24 Rours
1	nale	white		nced (specily)	Jan. 19, 1885	49 WIO	nths Days Hours Min.
10 work	A. USUAL OC.	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Chem	rist	rese	relioury)	maryland	e Ballolo	U.5 A.
13	FATHER'S				14. MOTHER'S MAIDEN NA	AME	
15		C L OL S ED EVER IN U. S. ARMED	FORCECS	16. SOCIAL	Sophia B	0 E hm	
(Yes	no or unknown)	(If yes, give war or dates	of service)	SECURITY NO.	My Jeverent	Foster Sha	uld. Noli
	18. 42	2.1		CAUSE	OF DEATH	19	INTERVAL BETWEEN
	DISEAS	E OR CONDITION			2 11		7
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						•
Z	DICEACE	ANTECEDENT CAUS		(B) AS	CVD	***************************************	
TION	RISE TO T	OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	STATING TH				
CA	ONDENE	THE CONDITION EX	31.	(C)		***************************************	
CERTIFIC		11					
ER	TRIBUTING	IGNIFICANT CONDITO THE DEATH, BUT	NOT RELATE	0 40-13-80	disd canval	3	
U		F OPERATION 1		FINDINGS OF OPER			20, AUTOPSY?
AL		0	00,, 10011		Allow		YES NO
EDICA		ENT WAS UNDER-		CE OF INJURY (e. g., in arm, factory, etreet, office bldg., e		f in Baltimore City, g	ive exact location)
Σ	D. TIME	Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
L	INJURY		m. V	WHILE AT NOT WHILE			
	22. I hereh	n certify that I att		deceased from	t. Z 1952 to S	E-T 3 10.5	that I last saw the
				and that death occur	red at 6 m., from t		e date stated above.
	23A. SIGNAT		20 3		3B. ADDRESS		23c. DATE SIGNED
2.4	A. BURIAL, C	REMA- 24B. DATE	m	M. D.	LALLOW MYSEL	med Maga	9-3-5-2
	Devel (S		52 6	Jessols M	elledest 240.	hacks ?	or county) (State)
	TE RECEIVE	DAD I SAN AS	- I state I	K/11.	25. JUNERAL DIRECTOR	0.10	ADDRESS
2	FD 0 10	159 Thurk	uglow 1	Tulaut-, IVIZ	+ coups	DO Was	rely, Mill.
	VS 150	70%	U	1 10 5 - 2	003008	0 00	
-				000	0 2		

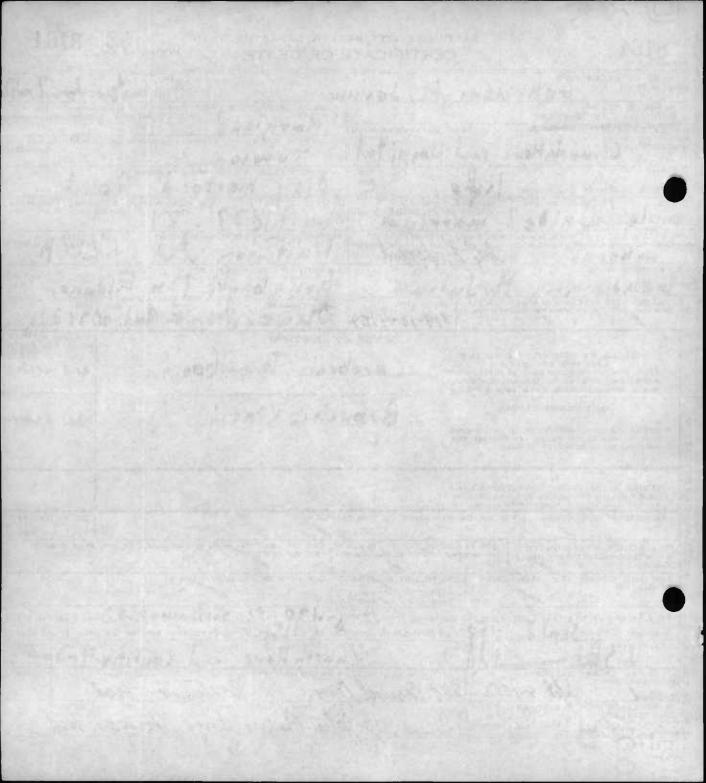


655 8164

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8164

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) TENT MANN OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A_Baltimore City, Maryland before admission) B. COUNTY A. STATE B. FULL NAME OF promote spital or institution, give street address or Stamora HOSPITAL OR. location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 101WD Yrs. D. STREET ADDRESS (If rural, givalocation) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year 1 If Under 24 Hours WIDOWED, DIYORCE (Specify) birthday) Months Days Hours Min. MAYFIGU 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11 RTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY UNTRY? 404046 v 13. FATHER'S NAME MOTHER'S MAIDEN NAME WORK 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give warper dates of service) 16. SOCIAL (Yes, no or unknown) SECURIT 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., one wee heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICAL YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING INJURY OCCUPA CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILF AT m. WORK AT WORK 22. I hereby certify that Lattended the deceased from 1 was 130,1972 to 30 18 18 1952 that I last saw the n., from the causes and on the date stated above. deceased alive on 19 2 and that death occurred at_ 23A. SIGNATURE ADDRESS 24A. BURIAL, CREMA-24B DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City town, or county) TION, REMOVAL (Specify) REGISTRAR'S SIGNATURE DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR unlington VS 150

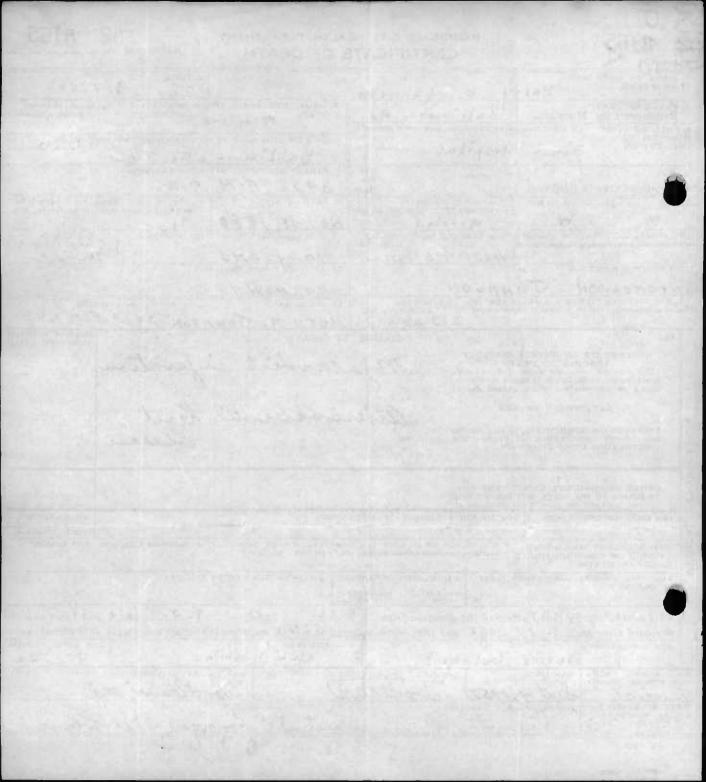


50	15
52	8165
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8165

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered .	No.
1. NAME OF	DECEASED			2. DATE	
(Type or Print)	Harr	y G. Johnson		OF DEATH	. 2.52.
A. Baltimore B. FULL NAME	City, Maryland	Baltimore Md.	4. USUAL RESIDENCE (W	. P COLINITY	institution: residence before admission)
HOSPITAL OR		location)			t, write XVRAL and give
14.70	Sinai	Hospital	Baltimore) (((((((((((((((((((
noth of	stay in Baltimore	Yrs. Mos.	O. STREET ADDRESS (If)		
5 X	6. COLOR OR RACE	7. SINGLE, MARRIED,	B. DATE OF BIRTH		H Under 1 Year If Under 24 Hours
m.	W.	WIDOWED, DIVORCED (Specify)	NOV 11 1880	last birthday) M	onths Days Hours Min.
IOA. USUAL O	CCUPATION (Give kind of t of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME	HOOPERS MILLS	MARY LAND		21.5.
NICKO		HNSON MILL		IME	
15. WAS DECEAS	SED EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL	17. INFORMANT		DDDDGG
(Yes, no or unknown	(If you, give war or date	SECURITY NO.	ROTH M. JOH		B ELM AVE
18. 45	20,0		OF DEATH	7,4017	INTERVAL BETWEEN
10	SE OR CONDITION	DIRECTLY	1.0	/ 4.	
heart fail	LEADING TO DEA's not mean the mode oure, asthenia, etc. It mean complication which of		cardial u	rjarelio	~
injury of				0	
z	ANTECEDENT CAUS	(B) Clite	risseleratic	heart	
RISE TO	THE ABOVE CAUSE (A)	STATING THE DUE TO		diseas	4.
ONDERL	YING CONDITION LA	(C)			
<u> </u>	ш				
H TRIBUTIN	SIGNIFICANT CONDI IG TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATEO			
		198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
N N N N N N N N N N N N N N N N N N N					YES NO
ZIA. ACCI	DENT WAS UNDER- OR CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, etreet, office bldg.,		f in Baltimore City,	give exact location)
210. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE			
		tended the decoded from	3. 22. , 1952, to	1 . 2 . , 195	2, that I last saw the
		, 1952, and that death occur		ie causes and on t	
23A. SIGNA	Morn's	Gallhani	Sinci Hospita	al	9.2.52.
24A. BURIAL, TION, REMOVAL	CREMA- 24B. DATE		RY OR CREMATORY 24D. L		
Buria	Sept 4.	1952 Woodlaw	n wo	odlaun, &	nd
DATE RECEIVE	TRAR	'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
SEP 3	1952 Tuni	tington Williams 1	tustin 6. Sono	van 3818	Toland bu
VS 150		1 1 50 2	10001	0 60	
		0/07			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8166

B	IRTH NO.						
	NAME OF D		N D. SE	ית דיים		2. DATE OF	1-1-0
B. H	PLACE OF D. Baltimore (FULL NAME OSPITAL OR NSTITUTION	EATH: City, Maryland 3	520 4th		d. USUAL RESIDENCE (A. STATE d. C. CITY OR TOWN (Baltimore	B. COUNTY	If institution; residence before admission) iits, write RURAL and give (township)
C	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I 3520 4th S		
	. SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH 10/2/1882	9. AGE (in years)	If Under 1 Year If Under 24 Hours Min.
wor	Gen. Op.			of Business or INDUSTRY s Bay Shipyds	11. BIRTHPLACE (State or Virginia		12. CITIZEN OF WHAT COUNTRY?
1.	o. FAIRER S P	Joh	n		14. MOTHER'S MAIDEN N		
11	5. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	No	(If yes, give war or date	of mervice)	SECURITY NO.	Family - Sa		·
ERTIFICATION	DISEASES RISE TO T UNDERLY	LEADING TO DEAT 10 not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the ANTECEDENT CAUSES OR CONDITIONS, III HE ABOVE CAUSE (A) III IGNIFICANT CONDITION LA TO THE DEATH, BUT	f dying, e. g ns the discas auscd death ES ANY, GIVIN STATING TH ST.	(B) // // // // // // // // // // // // //	Jension /		Servered feets
U	TO THE D	SEASE OR CONDITION	CAUSING I	FINDINCS OF OPER	ATION		20. AUTOPSY?
MEDICAL	LYINC OF	ENT WAS UNDER. R CONTRIBUTING DEATH (Month) (Day) (Year)	(Hour)	ACE OF INJURY (e.g., land arm, factory, street, office bidg., e	tc.) INJURY OCCUR?	(If in Baltimore City,	yes No
				and that death occur	relat 4 P.m., from	the causes and on	that I last saw the the date stated above. 23c, DATE SIGNED 23c, DATE SIGNED
2 TI	4A. BURIAL, (SON, REMOVAL (S	CREMA- 24B. DATE specify) 9/5/52		Vernon		chlands . Va	
DL	SEPREGIST	D BY REGISTRAR	SIGNATU		25. FUNERAL DIRECTOR James L. McCuel	47	ADDRESS
	VS 150		U	690	30		

Di Hectares. afa, 9.

DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DE ASED. (Type or Print) 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FUEL NAME OF (If not in abspital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write AVRAD and give C. CIT INSTITUTION A Yrs. D. STREET ADDRESS. (If rural, give location) Mos ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) 9. AGE (in years) last birthday) Months: Days Hours: Min. MINOWER 10A USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? 12. CITIZEN OF most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 218. PLACE OF INJURY (e. g., In or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH NU LID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from August 1974 to Link 197 Lthat I last saw the deceased alive on 1952 and that death occurred at 1 1 mm., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify

VS 150

DATE RECEIVED BY LOCAL REGISTRAR

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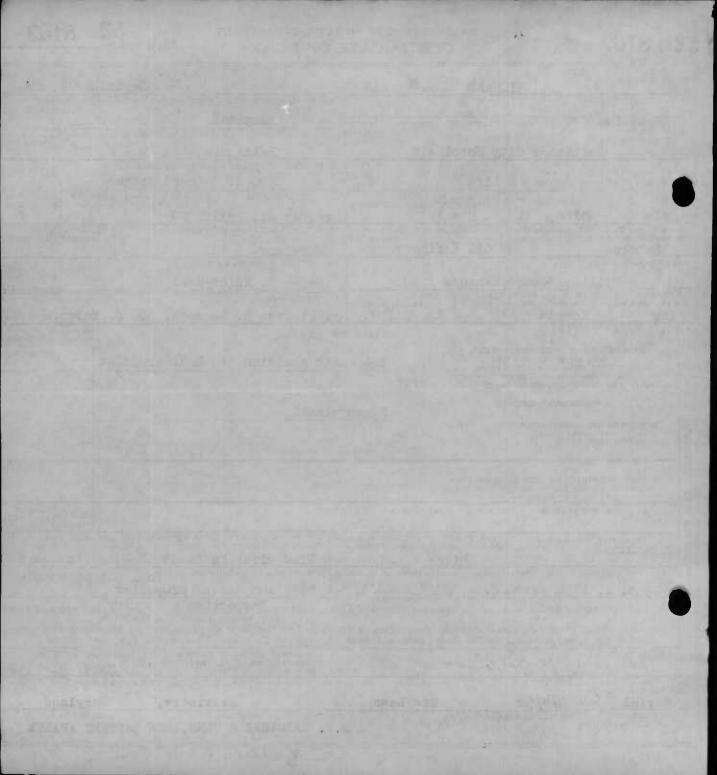
BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH JESTEMBER 2nd 1962 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH A. Baltimore City, Maryland BALT more MAryland B. FULL NAME OF (If not in hospital or institution, give street address or B. COUNTY before admission) A. STATE location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (ownship) Home for Incurates 700 W. 40 UST DALTIMORE Yrs. D. STREET ADDRESS (If rural, give location Mos. Length of stay in Baltimore Keswick Rd. & 40th Sts Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years if Under | Vear | Il Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) Single 1.28-1870 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY nonlinever worked) none MATYLAND 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SOCIAL SECURITY NO. 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING CERTIFICATION ARPROVED BY RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. HIEF OR ASST. MEDICAL EXAMINER. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 1100 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING Home for mure CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE [2.35 Pm. WORK 22. I hereby certify that I attended the deceased from Own. 10 1945, to 1919 2 1951 that I last saw the ___, 1952, and that death occurred at 3.454 m., from the causes and on the date stated above. deceased alive on ... 23C DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or gounty) Long Green, Md. St. John's Cem. Burial 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR untinglow

VS 150

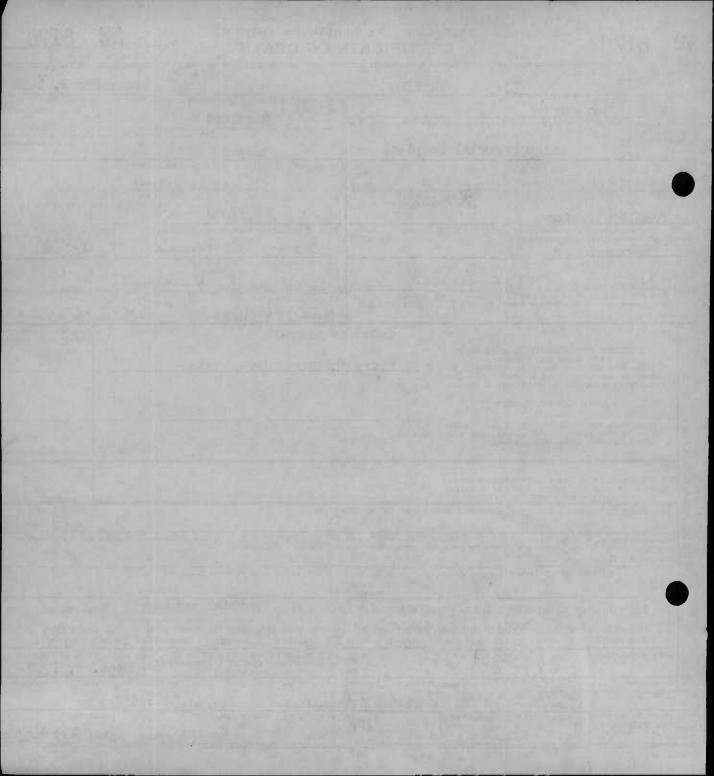
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THE WATER 世界 中 100 图 6 But a service of the A CONTRACTOR OF THE STATE OF TH THE TEST TOTAL Stens Mr.

and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Sept. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24B. WATE 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town or county) TION, REMOVAL (Specify) Burial Oak Lawn Baltimore Maryland DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR SADOWSKI & SONS. 1808 EASTERN AVENUE 151 N880.2



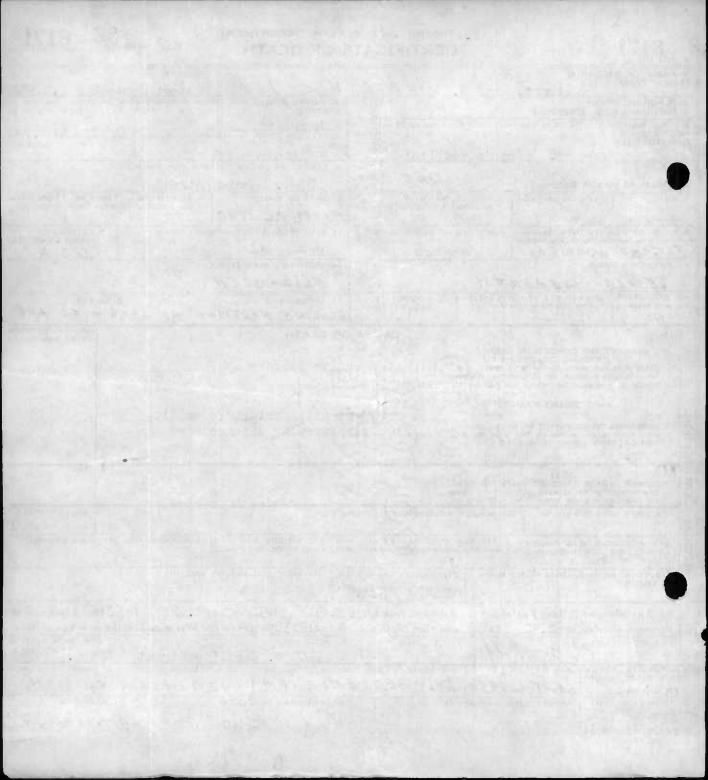
CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH September 2, JULTA WHITING 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY , before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Union Memorial Hospital Towson Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 516 Castle Drive 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | 1 Under) Year | 1 Under 24 Hours | Months: Days | Hours | Min. WIDOWED DIVORCED (Specify) female white 10A. USUAL OCCUPATION (Give kind of | 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doned tring most of working life even if retired) INDUSTRY WHAT COUNTRY THUSPUH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 5/6 Castle Dy CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This docs not mean the mode of dying, e.g., (A) Fatty infiltration of liver heart failure, asthonia, etc. It means the discase. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. ERTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 2 D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes XI, accident I, suicide I, homicide I, undetermined I. 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER 1 23c, DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL CREMA-TION, REMOVAL Specify) 240. LOCATION (City, town, or county) 248 DATE 24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE QCAL REGISTRAR 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8171

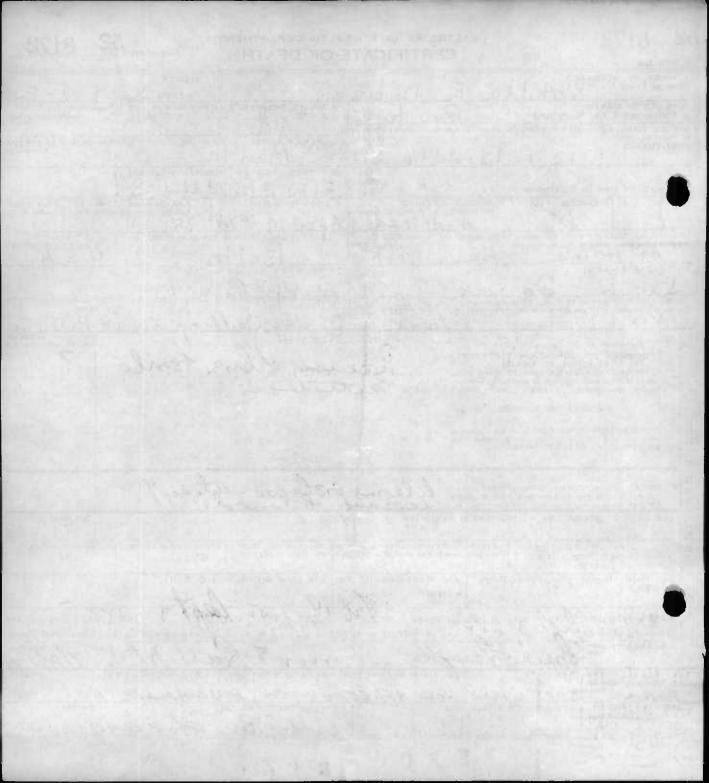
BIRTH NO.	KIII IOAII	E OF BEATTI						
I. NAME OF DECEASED (Type or Print)			2. DATE OF					
Libert, Anna M.	-IEBERT	H	DEATH Septer					
S. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If in B. COUNTY	stitution : residence before admission)				
B. FULL NAME OF (If not in hospital or institution, git HOSPITAL OR INSTITUTION	ive street address or location)	Maryland c. CITY OR TOWN (If o	outside corporate limits,					
St. Joseph's Hospi	ital	Baltimore #31	6-1	13 township)				
	· Yrs.	D. STREET ADDRESS (If r	ural, give location)					
Length of stay in Baltimore	IFE Mos.	403 N. Chester	Street					
5. SEX 6. COLOR OR RACE 7. SINGLE, MA	RRIED. DIVORCED (Specify)	8. DATE OF BIRTH		de: 1 Year If Under 24 Hours hs: Days Hours Min.				
Female White Single	Tronce (opening)	MARCH 26 1880	72					
10A. USUAL OCCUPATION (Give kind of IOB. KIND OF work dome during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 1	2. CITIZEN OF WHAT COUNTRY				
FACTURY WORKER. CAN		Maryland		U. S. A .				
13. FATHER'S NAME	1131	14. MOTHER'S MAIDEN NA						
GEORGE LIEBERTH		ELIZABETH	9.					
	SOCIAL	17. INFORMANT	ADI	DRESS				
NO _	SECURITY NO.	PAULINE HARTMA	N 4N LAKE	WOOD AVE				
18. 141/2.Y	CAUSE	OF DEATH		INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY				ONSE! AND DEATH				
(This does not mean the mode of dying, e.g.,	LEADING TO DEATH							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	502 10							
ANTECEDENT CAUSES	Hyper	rtensive arteriosc	lerotic					
DISEASES OR CONDITIONS, IF ANY, GIVING								
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	502 10	TO IMPOUND COLD COLD						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	(C)		9					
Ë U								
TRIBUTING TO THE DEATH, BUT NOT RELATED								
TO THE DISEASE OR CONDITION CAUSING IT.	IDINGS OF OPER	RATION		1 20. AUTOPSY?				
Tax. Date of of Enation	.511100 0. 0. 1.			YES NO X				
	OF INJURY (e. g., i actory,etreet, office bldg.,		f in Baltimore City, given	ve exact location)				
5	INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?					
TINJURY WHILE WOR	K AT WORK							
22. I hereby certify that I attended the dece	eased from Augu	ist 31 , 1952, to Se	pt. 2 , 1952	that I last saw th				
deceased alive on Sept. 2 , 19 52. and	that death occur	rred at 12:30pm., from th	re causes and on the	e date stated above				
23A. SIGNATURE	1	23B. ADDRESS		23c. DATE SIGNED				
1 C. O. Poffan y	M. D.	1),00 N. Caroli	ne Street CATION (City, town, o	Sept. 2,1952				
TION, REMOVAL (Specify)								
BURIAL SEPT 6 1932 HO	LY MUDEC		30 BELAIR I					
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	e de la constante de la consta	25. FUNERAL DIRECTOR	1800 E LON	ADDRESS ABARD ST				
VS 150	auch Mer.							
0	E 166	251 0 0 1 6	0					
	679	54 7 6 1 0	Ü					



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DIDELL	

CERTIFICATE OF DEATH Registered No. 8172 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.										
(Type or Pri	IVO	tilda	E. r)a.u.s	ch		2. DATE OF DEATH	Sept	3-	52
A. Baltimo	F DEATH: re City, Mary	and	Bal	to	4. USUAL RESI	DENCE (WH	nere deceased i		tution : resid	
B. FULL NA	ME OF (If not	in hospital or in	titution, give st	reet address or location)	Mo	(.				
INSTITUTIO		EB	. 441	_ C1	c. CITY OR TOW	1 +0	utside corpora	ite limits, wr		and give ownship)
-15T	2119	h. 19	1 orall	Yrs.	D. STREET ADD	RESS (If re	ral, give loca	tion)	~	
ength	of stay in Balt	imore	ム・カ	Q Mos.	3112 E	Bid	dle	5+		
S. EX	6. COLOR C		NGLE, MARRIE		8. DATE OF BIR	TH	9. AGE (in y	ears If Under		ler 24 Hours
104 USUAL	OCCUPATION		Widol	red	APT. 14	1878	74			
ork done during	mostofworking life, eve	m ifretired)	(IND OF BUSI	INDUSTRY	11. BIRTHPLACE	(State or for	eign country)		WHAT CO	
13. FATHER	S NAME	- H	use n	ork	14. MOTHER'S N	CATO.	MF	10	. S. A	
100	-4 -	5	b		11- 1-15	RI	- t			
15. WAS DEC	EASED EVER IN U	S. ARMED FORCE			17. INFORMANT	'010	100	ADDR	FSS	
No	(11)01, 8140	war or duties at service	Non	URITY NO.	DOXOHLY	601/1	44 3	1175	R.JII	CI
18. 15	3×			CAUSE	OF DEATH!		10		INTERVAL B	ETWEEN
DIS	EASE OR CON LEADING		TLY	1.0	a)	11. 5	· for	0-	7	DEATH
(This heart	does not mean th	e mode of dying	, e. g., (A) isease.	carce	usna 7	16W21	007	LC		
injury	or complication	which caused	leath.) DUE	TO ne	taslas	5		0.91		
7	ANTECEDEN	IT CAUSES			V					
	SES OR CONDITO THE ABOVE CA		SIVING	TO	***************************************	***********************	***************************************			
UNDE	RLYING CONDI	TION LAST.								
					0		0			
	R SIGNIFICANT	CONDITIONS		Ceme	prolaps	e - a	tone of		2	
то тн	E DISEASE OR C	ONDITION CAUSI	NG IT. Hot	Tura	5 lella	olde	1/1			
J 19A. DAT	E OF OPERATION	ON 0 198. MA	JOR FINDING	S OF OPER	ACTION		U		20. AUTO	
	CIDENT WAS U		PLACE OF IN			DID (If	in Baltimore	City, give	YES L	on)
	OR CONTRIBLE OF DEATH	TING about b	ome, ferm, factory, a	treet, office bldg., e	(c.) INJURY OCC	UR?				
21D. TIM		y) (Year) (Hour)	21E. INJU	RY OCCURRI	D 21F. HOW DI	D INJURY	OCCUR?	10.5		
		1	n. WHILE AT WORK	NOT WHILE		A	A			
	reby certify th		the deceased	from 12	red at 1.10 19	V, to	913,	, 19 , th	at I last s	saw the
	d alive on	190	and that	death occur	rea at	n., from the	causes and			
	Sp	all To	rugles	м. D.	SB. ADDRESS	. Fre			C. DATE S	SWED
24A. BURIA	L. CREMA- 24B	DATE	24c. NAMI	E DF CEMETE	RY OR CREMATOR	Y 24D. LO	CATION (City	y, town, or ec	unty)	(State)
BUR!		PT 6 1930 ISTRAR'S SIGN	ATURE	REDEE	MER CEM		OBELA	IR R	DPFSS	140
SEP 3		- it to	William	A. M.P.	Deple	Bro	1800 E	LOMG	ARD	ST
VS 15	0	Mres 1	Para ST	0	00					
		19 7	47 46	n 0 0	8 ! 6	0				
					- 0					

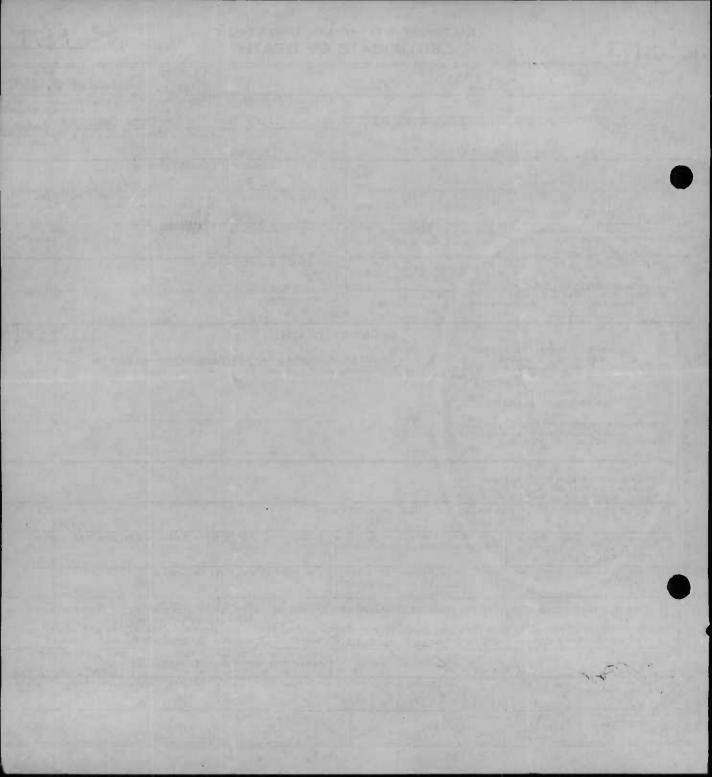


460 BIRTH NO. 73
1. NAME OF DE (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 8173

1. NAME OF DECEASED	2. DATE
(Type or Print) WILLIAM Weley ELLER	OF September 2, 1952
3. FLACE OF DEATH: A Baltimore City, Maryland A. STATE	re deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF I f not in hospital or institution, give street address or Maryland	Prince Georges
I Marrio Hon	tside corporate limits, write RURAL and give township)
St. Agnes Hospital Laurel	and the contract of the contra
Yrs. Mos. D. STREET ADDRESS (If rur	
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9.	2, BOX 100 AGE (In years) If Under 1 Year It Under 24 Hours
Male White married april 4 1892	last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surgneham NDUSTRY	gn country) 12. CITIZEN OF WHAT COUNTRY?
tatralman transcerior for trumples lass	the Caral SA
13. FATHER'S NAME THE SMAIDEN NAME	E
Emmett Eller Jere Powon to Many alice.	Ellis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
no Mrs. adramina	Eller Laurel Mid
18. 122.1 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A) Arteriosclerotic cardiovas	cular disease
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
	YES X NO
	n Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF	CCUR?
m. WHILE AT NOT WHILE MAT WORK	
The state of the following described according to the state of the sta	Autopsy thereon and from
Autopsy, Inspection or Inquiry, find that said dece	pection or Inquiry
and death in my opinion resulted from: natural causes . accident , suicide , suicide ,	, homicide \square , undetermined \square .
23A. SIGNATURE 23B. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA	
M.D. MEDICAL INVESTIGATOR	Sept. 2. 1952
TION BEMOVAL (Specify)	ATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
SEP 3 1952 Huntington Williams MP. De With Name	Idean Land Mil
V S 151	1/



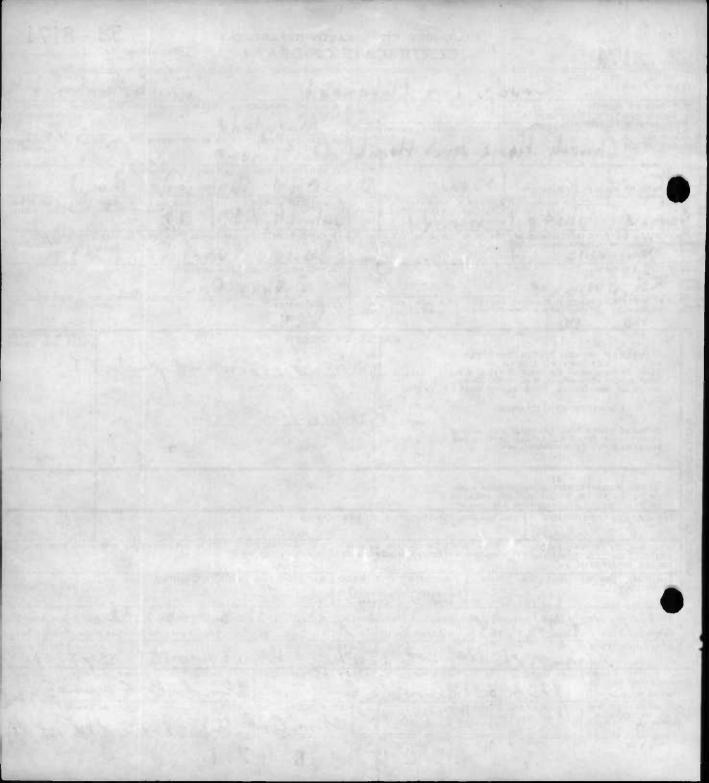
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 74000 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in aspital or institution, give street address or B. FUEL NAME OF HOSPITAL OR location) C. MITY OR TOWN (If outside corporate limits, write-RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. MEAVE ngth of stay in Baltimore Days 6. COLPR OR RACE 7. SINGLE, MARRIED. 9. AGE tin years It Under 1 Year If Under 24 Hours ast birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) IDA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR BARTHPLACE (State or foreign country) 12. CITIZENLOF THAT EDUNTRY? work donedgring most of working life, even if retired) INDUSTRY MULLE WILL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL **N**FORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 700 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED W TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from , 19 7 to sent the 1912 that I last saw the deceased alive on . 19 17, and that death occurred at. m., from the causes and on the date stated above, 23A. SIGNATURE 23B-ADDRESS 23c. DATE SIGNED 24A, BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Kemova

25. FUNERAL DIRECTOR

SEP 3 195

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

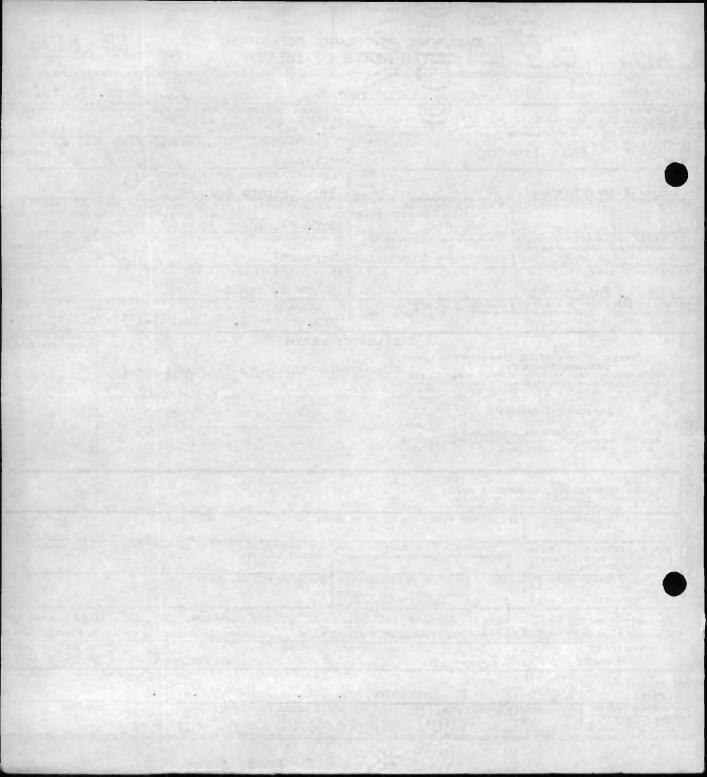


263 BIRTH NO.5

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8175

ВІ	RTH NO.			CERTIFICATE	E OF DEATH	Registered I	VO
1.	NAME OF D	ECEASED				2. DATE	
(T)	ype or Print)		OSCA	R E. REICHHARI	T	OF Ser	ot. 2, 1952
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived. If B. COUNTY	institution: residence before admission)
_	FULL NAME		al or institut	ion, give street address or	Md.	B. COOKT	ver ()
	STITUTION	804 S.Bro	adway	location)	C. CITY OR TOWN (If	outside corporate limit	s, write RULAL and give ownship)
D	4)	004 5.510	adway		Baltimore		(Ovalsmp)
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore		Days	1303 Walters Ave	9.	
5.	SEX	6. COLOR OR RACE		E. MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under I Year If Under 24 Hours onths: Days Hours Min.
ma	le	white		ried	Oct. 27, 1885	66	
10.	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	II. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Superint		Furnit	ure Warehouse	Maryland		WHAT COURTE
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	
	John H.	Reichhardt		1 1 1 1 1 1 1 1 1	Laura E. Nagle		
15 (Yes		ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS
(no	(2. 304) 81.0 Wor of date	. 01 8011100)	SECURITY NO.	Mrs. Alice E. Re	eichardt-1303	Walters Ave.
	18.420	10		CAUSE	OF DEATH		INTERVAL BETWEEN
	1	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEA	TH	cute	rioselisote	y Heurs	4 yraca
	heart failu	re, asthenia, etc. It mea	ns the discas	e,		issen	
	1113415 01			., 552 10	20	war	
_		ANTECEDENT CAUS	SES				
ATION		S OR CONDITIONS, I			***************************************	********************************	
FA		HE ABOVE CAUSE (A)		IE DUE TO			
No.				(C)			
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ER		IGNIFICANT CONDI					
Ū		SEASE OR CONDITION			47101		
닛	ISA. DATE C	OF OPERATION O	9B. MAJOR	FINDINGS OF OPER	ATTON		20. AUTOPSY?
DICAL	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (I	If in Baltimore City,	
MED	LYING OF	R CONTRIBUTING DEATH		arm, factory, street, office bidg., e	to.) INJURY OCCUR?		
	D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURRE		OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	u certifu that I att	ended the	deceased from De	c/ 1949, to A	195	, that I last saw the
				and that death occur	red atly 35 m., from t	he causes and on t	he date stated above.
	23A. SIGNA		, , , , , , , , , , , , , , , , , , ,		38. ADDRESS	0.1	23c. DATE SIGNED
	16		un	M.D.	1808 Hurse	nd Rec.	4/3/52
24 TIC	N. REMOVAL (S	CREMA- Z4B. DATE Specify)	d	24c. NAME OF CEMETE		OCATION (City, town	, or county) (State)
_1	Burial	19/5/52		Moreland Men		to., Md.	
	TE RECEIVE		SSIGNATI	RE	25. FUNERAL DIRECTOR	0	ADDRESS
5	EP 3 1	952 1 Tuntin	iston /	Velliames My	Im. J. Vuk	ner + xn	N
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		THE RESERVE THE PERSON NAMED IN			Commence of the last of the la		

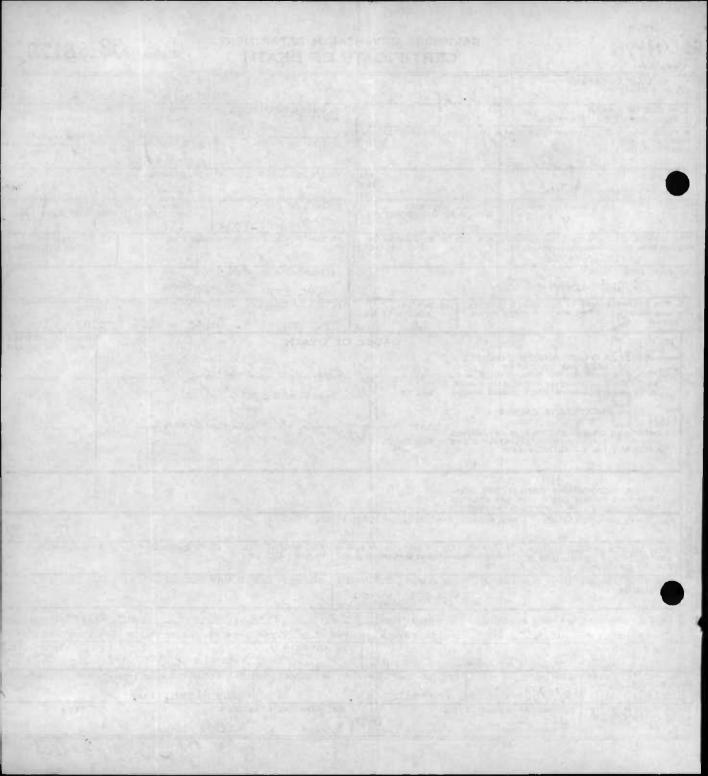


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.	81	76	
B		100	1

BIRTH	10.						
1. NAME (Type or	OF DECEA Print)		- A	W . L		2. DATE OF	7-1-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION			A. USUAL RESIDE A. STATE C. CITY OR TOWN	ENCE (Where deceased lived	If institution: residence before admission)		
	5	t. Aga	105		13A	altimore	township)
Ceng	th of stay i	n Baltimore		Yrs. Mos. Days	D. STREET ADDRE	iss (If rural give location	11/2
5. SEX	6.00	U RACE	7. SINGLE WIDOW	MARRIED.	12-29	9. AGE (In years last birthday)	Months Days Hours Min.
work done du	House		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	state or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Edward	Shed			14. MOTHER'S MA	15 oblitz	
15. WAS (Yes, no or t	DECEASED EVI	ER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	0	ADDRESS
ne		Jos, Bive wat of date	s of service)	SECURITY NO.	Mr. Ernest	H. Keitz - 2402	Poplar Drive
He in:							
J 19A.	DATE OF OP	ERATION 0 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
LYIN		WAS UNDER- NTRIBUTING	218. PLA about home, f	CE OF INJURY (e. g., in erm, factory, etreet, office bldg., e	or 21c. WHERE D	(If in Baltimore Cit	cy, give exact location)
O II	TIME (Monti NJURY	n) (Day) (Year)	750000	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
dece	hereby cer ased alive o SIGNATURE		, 19.57	2	red at 9:45 An., 3B. ADDRESS		as, that I last saw the n the date stated above.
Buria				M. D. 24c. NAME OF CEMETE Lorraine Cem.	RY OR CREMATORY	Woodlawn, Md.	wn, or county) (State)
SEP 3	REGISTRAR	REGISTRAR'	1- 11	Villiams, M.J.	PUNERAL DIR	Vickner 4	ADDRESS
VS	150		0	940	000	0 1 12/12/	no Mal



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE OF Sept. 2, 1952 Paul/Sanders (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY defore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside cornerate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue townshin) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. B. C. H. 4940 Eastern Avenue 55 yrs. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours last birthday) Monthai Daya Houra: Min. WIDOWED, DIVORCED (Specify) Male White Single Aug. 29, 1894 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Md. Laborer Millwork 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Sanders (D) Matilda Landwehr (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Records: B. SECURITY NO. 213-09-3792 . H. 4940 EasternAvenue INTERVAL BETWEEN 42011 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Myocardial infarction LEADING TO DEATH le hours (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerotic Cardiovascular Disease Vrs. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Emphysema with Chronic CorPulmonale vears RTI OTHER SIGNIFICANT CONDITIONS CON-圙 TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) NOT WHILE WHILE AT AT WORK WORK 1947 to 9-2 _, 1952, that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 6:554 m., from the causes and on the date stated above. 192 deceased alive on. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue E Sept. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 4c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, town, or county)

New Cathedral Cem.

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Balto. Md.

ADDRESS

FUNERAL DIRECTOR

VS 150

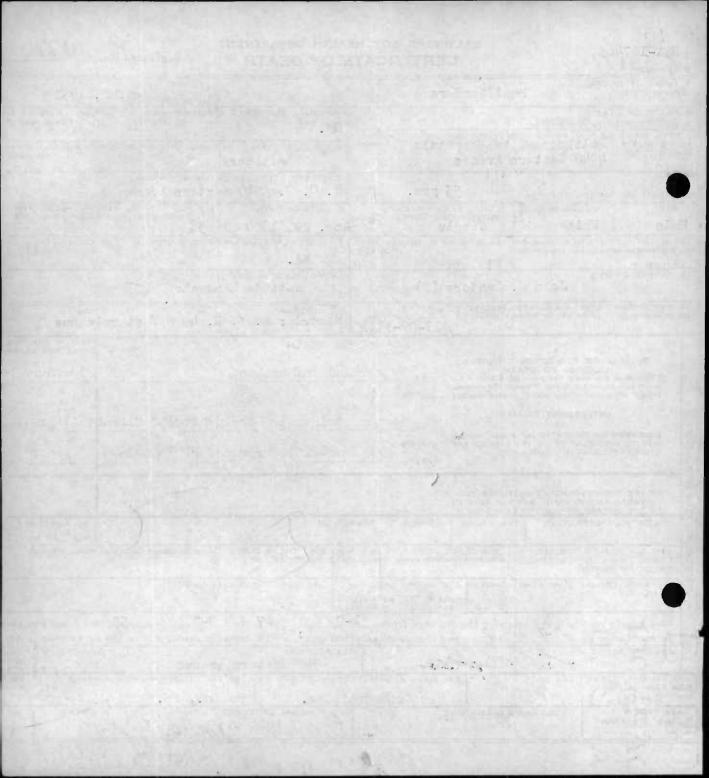
Burial

REGISTRAR'S SIGNATURE

Juntanglow

DATE RECEIVED BY

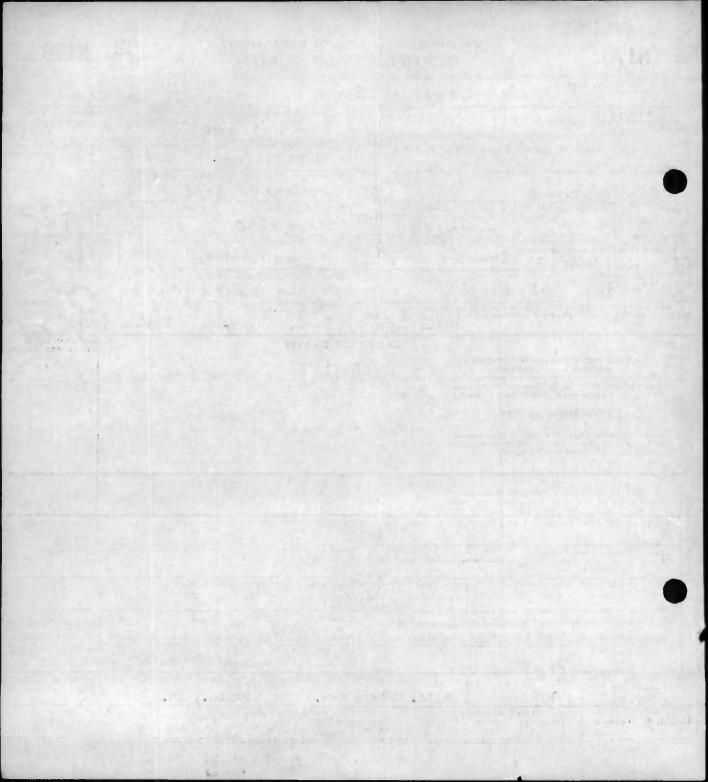
LOCAL REGISTRAR



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52 BIRTH	S.	31	78
BINTH	14	<u>.</u>	
1 NAM	F	OF	DECE

CERTIFICATE OF DEATH Registered No. 8178 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			
1. NAME OF DECEASED JESSE BENESCH S			
3. PLACE OF DEATH: A. Baltimore City, Maryland YES	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION WEMORIAL HOSPITAL Cocation)	C. CITY OR TOWN (If outside corporate limits, write RERAL and give BALTIMORIE township)		
c. Length of stay in Baltimore 72 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) ESPLANA DE APTS		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) MARRIED. WIDOWED, DIVORCED (Specify)	ter. 11, 1880 72		
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) FURNITURE BUSINES S OWNER OWNER	11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME 1 SAAC BENESCH	BERTHA LAUPHEIMET		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 216-07-1530	17. INFORMANT Buesch Explande Opts.		
heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO	maire Carlorviculos Direve		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., about home, farm, factory, etreet, offi	ED 21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from deceased alive on 343 2, 1952, and that death occur	rred at 5:55 f m., from the causes and on the date stated above. 23B. ADDRESS Unin memoral Hapital 9/2/3-2		
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial 9/4/52 Balto. Hebrew	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE SEP 3 1932 Huntington Williams, My.	25 FUNERAL DIRECTION & SADDRESS		
VS 150	Go 8/1 7 Batto. 17, Md.		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1	5	
l	59	04 70
K	Registered No	01/0
	Tre Propert of 140	

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE				
S. PLACE OF DEATH:					
A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	MARY ANG CARROLL				
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
UNIV. HOSP.	1 and 391112				
Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED	8. DATE OF BIRTA 9. AGE (In years If Under 1 Year II Under 24 Hours				
F C WIDOWED DIVORCED (Specify)	2/22/1909 last birthday) Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) (/ INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
13. FATHER'S NAME	MARY AND UNHAT COUNTRY?				
Boseph Gailles	14. MOTHER'S MAIDEN NAME				
15 WAS DECEGED SWEET IN THE SECOND SWEET IN TH	MARY Edwards				
(11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
No	HOSPITAL VIECORds,				
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2-224 1/-4				
	REBRAL HEMODRHAGE 1-452				
injury or complication which caused death.) DUE TO ACUT	TE MY ELOGENOUS LEUKEMIA 9-3-52				
ANTECEDENT CAUSES					
VINDERLYING CONDITION LAST.					
(C)					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED					
194 DATE OF OPERATION 198 MA IOR FINDINGS OF OPER	ATION 20. AUTOPSY?				
U all accipant and a large place of interpret	YES NO				
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	or 21c. WHERE DID (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?				
WHILE AT NOT WHILE					
m. WORK AT WORK					
22. I hereby certify that I attended the deceased from $9-2-5 \stackrel{?}{\sim} 19$, to $9-3-5 \stackrel{?}{\sim} 19$, that I last saw the deceased alive on $9-2-5 \stackrel{?}{\sim} 19$, and that death occurred at $12 \stackrel{?}{\sim} 19$, from the causes and on the date stated above					
	red at/22 Am., from the causes and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED				
lum R. Greco M.D.	Unin- Hassital 8-3-52				
24A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
BURIAL 19-6-1952 JOHNSVILLE VARROLL CO. Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE, LOCAL REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR ADDRESS					
SEP 3 19521 Tunhugton Wallacus, Marko. M. Wallz, Win Tield. Md.					
VS 150					

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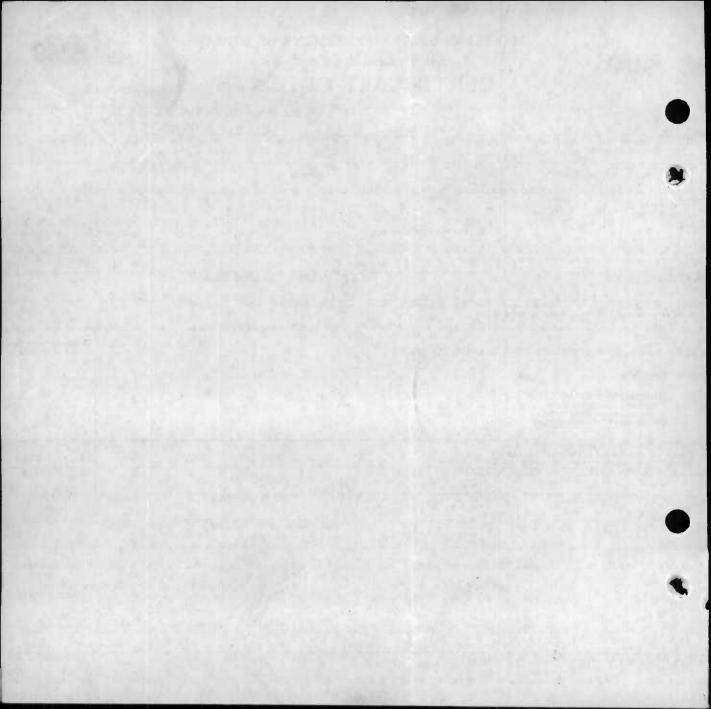
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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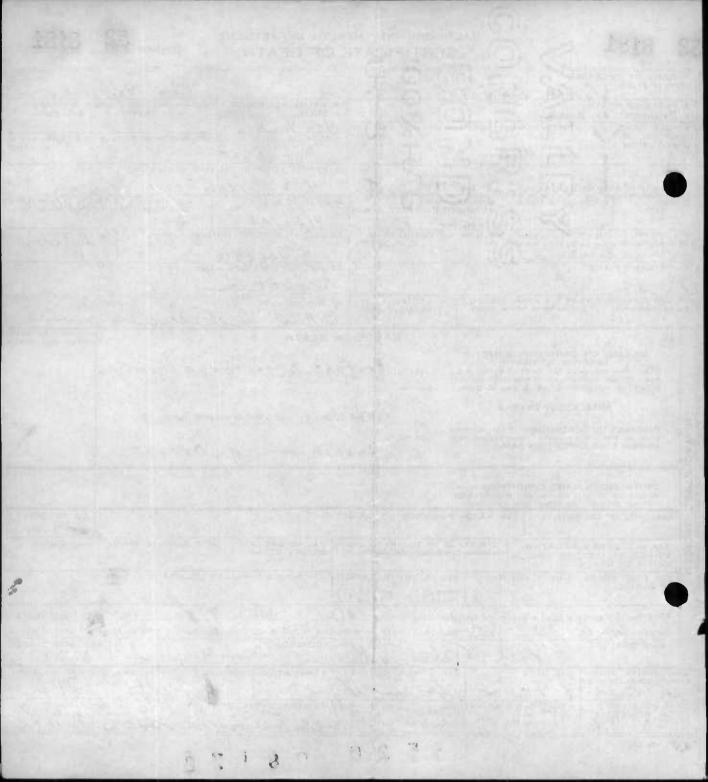
	CERTIFICAT	E OF DEAT	H Reg.	Dist. No.
POF DEATH- CCLATY CANTY CANT	Land LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (H STATE Balt/MC CITY (If outside corporate OR TOWN Bal STREET ADDRESS 203	OME) OF DECEASE the limits, write RURA the limits, write RURA (If rural, give lo (If rural, give lo (If rural) (A. DATE (Mo OF DEATH O. AGE last birthday 3 5 9 yrs.	COUNTY () Land (ve nearest town)
B. FATHER'S NAME JAMES S. WAS DECRASED EVER IN U.S. ABMED FORCES:	Tosh	RISING SUN 14. MOTHER'S MAIDEN Rebec	NAME NAME KEA KE	COUNTEY? USA
es, no, or unknown) (If yes, give war or dates o	1 216-16-6835	mo. J. m. J.	sh, 203 a	. Lanvale St.
Immediate cause (a)		Infordior		INTERVAL BETWEEN ONSET AND DEATE
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) OTHER SIGNIFICANT CONDITIONS	Hered at	n in der orio		S years
Conditions contributing to the death but not related to the disease or condition causing deatles. DATE OF OPERATION 19b. MAJOR F		Heart Fa	illere	2 months 20. AUTOPSY? Yes No X
A. ACCIDENT (Specify) PLAC OF INJU (Month) (Day) (Year) (Hour) INJURY m.	E (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work Atwork	HOW DID INJURY OCC		COUNTY) (STATE)
2. I hereby certify that I attended the Signature 19.52, and Signature 1	that death occurred at (Degree or title)	ADDRESS 2 E. Reaf		date stated above. DATE SIGNED Line of 2, bed.
1319 (Spelly) Seft 7/	952 acest More	lengham (olora	n, or county) (State)

Huntington



BALTIMORE CITY HEALTH DEPARTMENT X Registered 8181

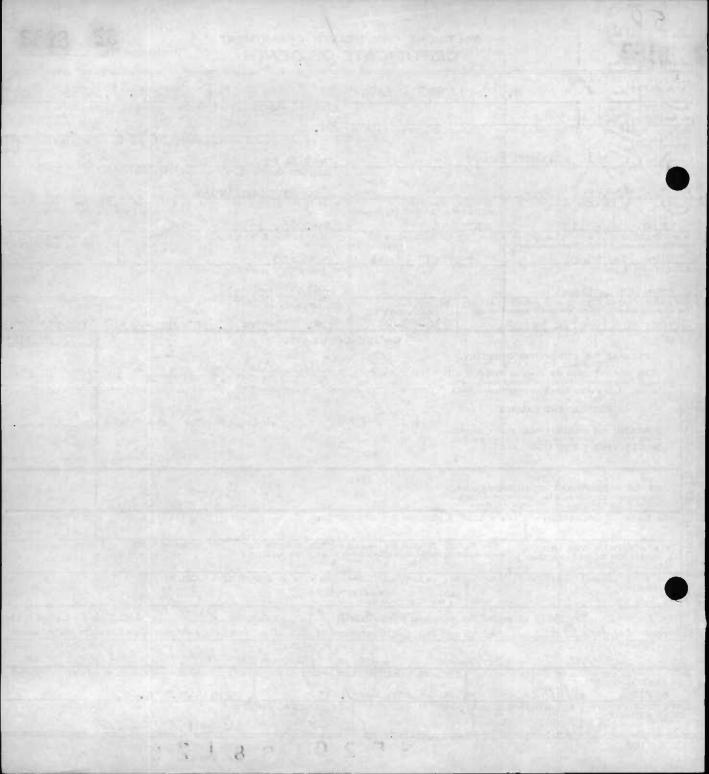
R	RTH NO.				CERTIFI	CATE	OF DEATH	Register	ed No.
	NAME OF D	DECEASE	D					2. DATE	
	(Type or Print) Belle Ba Jaines							OF DEATH	9/3/52
3.	PLACE OF D	EATH:		0 0 0 0	nes	1		E (Where deceased live	ed. If institution: residence
	Baltimore (-1			A. STATE	B. COUNT	Y before admission)
	FULL NAME OSPITAL OR	OF (if not in hospita	al or institut	tion, give street a	location)	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
IN	ISTITUTION	Sind	2 i Nos						township)
4	-1	0/0/6	21 /103	13.		Yrs.	O. STREET ADDRESS		n)
ľ				2 11	reeks	Mos.			01
9	ngth of s		Baltimore OR OR RACE		E. MARRIED.	Days	8. DATE OF BIRTH	9. AGE (in year	rs If Under 1 Year If Under 24 Hours
3.	E	O.COL	OR OR RACE	WIDOV	VED, DIVORCED	(Specify)	O. DATE OF BIRTH	last birthday) Months Days Hours Min.
10	, USUAL OF		201/21		rried		7/2//06	45	
wor	A. USUAL OC	of working	ife, even if retired)	IOB. KINI	OF BUSINES	DUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
_	Toces		rele	1002			1 Deorg	10	U·S.
13	FATHER'S	NAME					14. NOTHER'S MAILE	N NAME	
1	acoh						Reseed	_	
/15 (Ya	. WAS DECEAS	ED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL SECURIT	V NO	IZ. INFORMANT		ADDRESS
(., 20 01 02200 27	(,-	, 8		SECORII	r NO.	Do hed A	duces	- Slave
	18. 170	V			CA	AUSE C	OF DEATH		INTERVAL BETWEEN
	1 10	SE OB	CONDITION	DIRECTIV					ONSET AND DEATH
		LEADI	NG TO DEAT	TH		Pust	wee hameum	1000/600	+ ·
	(This does	s not me ure. asthe	an the mode o nia, etc. It mea	of dying, e. ns the diseas	g., (A) se.	1	use hemorr	raja(nem	a roria
	injury or complication which caused death.) DUE TO								
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Z	(B)						static carcin	om a of 11	ver
0			NDITIONS, II		NG				
CATION			ONDITION LA			Cat	e inoma g	1 Breas	+
FIC					(C)		0		***************************************
			11						
ERTI			CANT CONDI						
Ü	TO THE C	DISEASE	OR CONDITION	CAUSING	IT				
_	19A. DATE	OF OPER	RATION	9B, MAJOR	FINDINGS O	F OPER	ATION		20. AUTOPSY?
Q.A				1 01- 01-			1 ata warene nun	(It in Dalainess C	YES NO NO
EDICAL		R CONT	AS UNDER- RIBUTING		ACE OF INJUR's farm, factory, street, o			(If in Baltimore C	ity, give exact location)
Σ	2 ID. TIME	(Month)	(Day) (Year)	(Hour)	2 IE. INJURY C	CCURRI	D 21F. HOW DID IN.	JURY OCCUR?	
	F INJURY					OT WHILE			
				m.		AT WORK L	1/-0	0/2	
	22. I heret	by certi			deceased from				1955, that I last saw the
	deceased a		4/3	_, 1956.	and that deat			m the causes and	on the date stated above.
	23A. SIGNA	TURE	1.	-127	2/05	2	3B. ADDRESS	.11 1.1	23c. DATE SIGNED
			101					. 4 KI_Om / Ton A	025
	1		1es	gos!		M. D.		i Hospital	
2. TI	4A. PURIAL.	CREMA- Specify)	24B. DATE	901				ID. LOCATION (City,	
2. TI	AA. QURIAL.	CREMA- Specify)	1es	12					
מ	4A. PURIAL. ON SEMOVAL (S JULIUS ATE RECEIVE	D BY	1es	S SIGNAT	are NAME OF			D. LOCATION (City,	
מ	4A. PURIAL. ON HEMOVAL (S	D BY	24B. DATE 9-4-	S SIGNAT	are NAME OF		RY OR CREMATORY 24	D. LOCATION (City,	town, or county) (State)
מ	4A. PURIAL. ON SEMOVAL (S JULIUS ATE RECEIVE	D BY	24B. DATE 9-4-	S SIGNAT	are NAME OF		RY OR CREMATORY 24	D. LOCATION (City,	town, or county) (State)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8182

	11111110.						
	NAME OF D		. S. BI	ACKWELL LATHAL	M	2. DATE OF Sept.	.3, 1952
	PLACE OF D Baltimore	City, Maryland			A. STATE	NCE (Where deccased lived, B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				ion, give street address or location)	Md.	118 maria A	DI
	STITUTION	1310 Argonne	Desire		c. CITY OR TOWN	(If outside copy at it	township)
		10 TO WISOUIG	DITAG	Yrs.	Baltimore	SS (If rural, give location)	
	on orth of o	tor in Poltiness		Mos.			
	SEX	tay in Baltimore	7. SINGLE	Days Days	310 Argonn	9. AGE (In years	If Under I Year II dader 24 ilours
			WIDOW	ED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.
10	Male A. USUAL OC	CUPATION (Give kind of	Mari	OF BUSINESS OR	Dec. 25, 18	ate or foreign country)	12. CITIZEN OF
	done during most	of working life, even If retired)		INDUSTRY		,	WHAT COUNTRY?
13	Vice Pro		lro	n and Steel	Maryland 14. MOTHER'S MAII	DEM NAME	
				(1)			
1.5	Favette	Latham ED EVER IN U. S. ARME	D FORCES	L to cociai	Annie Black	well	
(Ye	, no or unknown)	(If yes, give war or date	e of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	ves	World War	#1	216-01-2378	Mrs. Minerv	a R. Latham - 1	
	18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION		n. t	L B 1 1'1	T. 1. T.	
	(This does	not mean the mode ourc, asthenia, etc. It mea	of dying, e. s	, (A) aluy	Mysellacial	Infarclin.	
		complication which			0	V	
		ANTECEDENT CAUS	SES	At.	17.1	1-+ >.	.5
Z	DISEASES OR CONDITIONS, IF ANY, GIVING (B) With selectic Greenery living Dis sax						ce
F	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E DUE TO	6		
CA	UNDERL	TING CONDITION LA	(51,	(C)	***************************************	***************************************	
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ERTIFICATION		II SIGNIFICANT CONDI					44 5 15 15
S		TO THE DEATH, BUT ISEASE OR CONDITION					
	19A. DATE C	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y							YES NO
MEDICAL	LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			y, give exact location)
2		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
L.	FINJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att			9-1 1952	to 9-3 19	that I last saw the
		live on 9-3	1952	deceased from and that death occur	red at 3 3 4 m.,	from the causes and or	the date stated above.
	23A. SIGNA	TURE/	7	2	3B. ADDRESS	0 12	23c. DATE SIGNED
		girel S.	was	M.D.	1101 St. Pa		9-3-52
710	N. REMOVAL	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, to	wn, or county) (State)
	Burial	19/5/52		Woodlawn C en		Woodlawn, Md.	
	ATE RECEIVE		SSIGNATL	IRE	25. FUNERAL DIRE	CYOR	ADDRESS
	SEP 4	1952 1	ton W	110	Jim. J.V	Chener 4 s	and
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8184

BIKITI NO.	
1. NAME OF DECEASED (Type or Print) TONN. PATTI	2. DATE OF DEATH 3, 195 >
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate li pits, write RURA) and give
BON SECOURS MOSP	BALTIMORE MU
or ligth of stay in Baltimore LIFGTIME Mos. Days	o. STREET ADDRESS (If rural, give location) 3604 DUVALL PVE
5. SEX 6. COLOR OR RACE 7. CINOLE, MARRIED, WILDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years fl Under I Year If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) READ ORUG Y CHEM - PHARMACK	11. BIRTHPLACE (State or foreign country) BALTIMORE, 140. 12. CITIZEN OF WHAT COUNTRY?
JOSEPH PATTI	14. MOTHER'S MAIDEN NAME ANTONIA PALMISANO
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANTINES M. PATTI ADDRESS AND ALLAND
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO TUMO!	OF DEATH SRAUZED CARCINOMATOSIS lving small and large bowel (1952) ESTINAL OBSTRUCTION of transverse colon at lenic flexure (1950)
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bidg 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	otc.) INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on SEPT V, 19 52 and that death occur	7, 1957, to Ser 3, 195, that I last saw the rred at 12. San., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 30N SECONES NOSP 9/3/57
244. CREMA- 260 DATE 24C, NAME OF CEMETE	CEMETERY - REAERICK AVE
SEP 4 952 REGISTRAR'S SIGNATURE	GEO H. LEIMBACH 521-LYNOHUEST ST
VS 150	62308181

See query raply
Document File 52 8184
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MRSW PAIL SPORT CANTON

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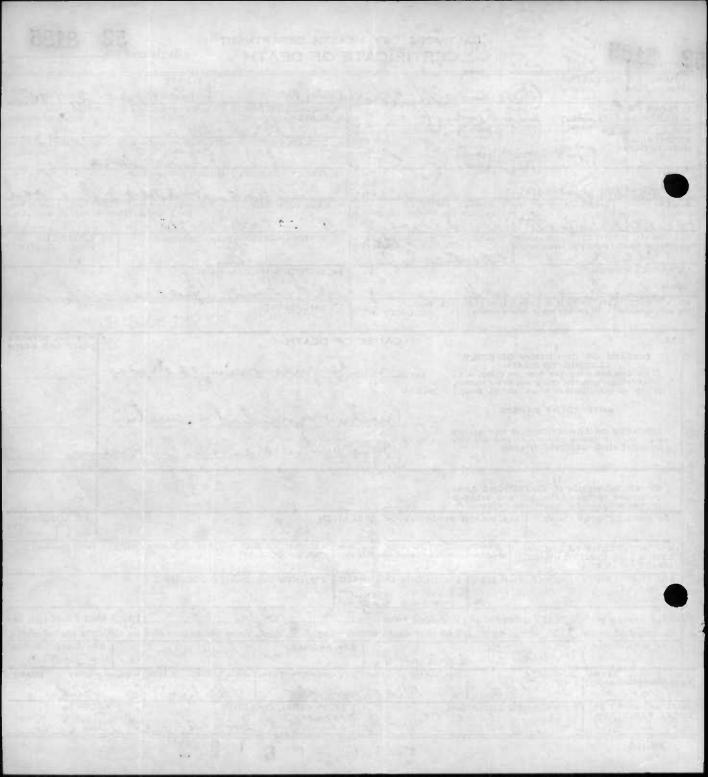
GEO HERMERS STANDERS

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2 _{R1}	R 85	185

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8185

-	RTH NO.			O1 1012/(11		
1.	NAME OF DECEASED Type or Print)	una	Hard	ester	2. DATE OF DEATH	pt. 2 1952
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hosp	tal of institution, g	0 Al 7	4. USUAL RESIDER	Where deceased live B. COUNTY	. If institution: residence before admission)
Н	OSPITAL OR	OPKINS HOSP	location)	C. CITY OR TOWN	(If outside corporate li	mils, write KURAL and give township)
	ngth of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	(If rural, give location)	rd Roal
トト	Eurole White		RRIED, DIVORCED (Specify)	8. DATE OF BIRTH	/9. AGE (In cears last birthday)	II Under 1 Year H Under 24 Hours Months Days Hours Min.
10 vor	OA. USUAL OCCUPATION (Give kind k done during most of working life, even if retire	Chesal	ALCO.	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	FATHER'S NAME	i DO	(M)	14. MOTHER'S MAIL	DEN NAME	0-10
1! (Ye	5. WAS DECEASED EVER IN U. S. ARM s, no or unknown) (If yes, give war or da	ED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT JOHN	IS HOPKINS HOSPI	ADDRESS
ERTIFICATION	DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I	of dying. e. g., eans the disease, caused death.) USES IF ANY, GIVING) STATING THE AST. DITIONS CONTROL OF NOT RELATED	CAUSE O (A) Gente (B) Gente DUE TO Hyper	te julmo myrend tensire Care	ranz eden hil infacti liñasculu h	INTERVAL BETWEEN ONSET AND DEATH
ALO	19a. DATE OF OPERATION		DINGS OF OPERA			20. AUTOPSY?
EDICA	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		OF INJURY (e. g., In ctory, street, office bldg., etc			y, give exact location)
Σ	21D. TIME (Month) (Day) (Year INJURY	r) (Hour) 21E. WHILE		21F. HOW DID	NJURY OCCUR?	
	22. I hereby certify that I a deceased alive on 23a. SIGNATURE	ttended the dece	ased from 9 - that death occurr	- ADDDECC	/	57-that I last saw then the date stated above. 23c. DATE SIGNED 9-3-5
	4A. BURIAL, GREMA-		M. D.		24D. LOCATION (City, to	
DLO	ATE RECEIVED BY REGISTRAL COLL REGISTRAL	R'S SIGNATURE.	linus My	25. FUNERAL DIRE	CTOR 1219 ST	ADDRESS Bul at
-	Vs 150	0	53904	R O B	1 8 2	



52_{IRTH}8186

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 52 8186

10	NAME OF (Type or Print)	DECEASED	Toluson		2. DATE OF DEATH 8-30-52		
	. PLACE OF E	City, Maryland	Опризик	4. USUAL RESIDENCE (V	Vhere deceased lived, If institution; residence B. COUNTY before admission)		
H	FULL NAME OSPITAL OR ISTITUTION	OF I'f not in hospit	tal or institution, give street address o location		outside corpora e libyts, write BURU and give		
3		Laivorsity	Hospital Yrs.	D. STREET ADDRESS (If	township)		
	ength of	stay in Baltimore	Mos. Days	11/4 Sarah	rural, give location)		
9	Male	6. COLOR OF RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DITE OF BIRTH	9. AGE (in years It Under Year It Under 24 Hours Min.		
wor	k done during most	CCUPATION (Give kind of of working life, even If retired)	108. KIND OF BUSINESS OR INDUSTRY	11. PRTHPLACE (State or to	oreign country) 12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S		on .	14 MOTHER'S MAIDEN NA	AME		
	WAS DECEAS	ED EYER IN U. S. ARMEI	D FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT	M ADDRESS 2 2 9		
6	18.	7. V	CAUSE	OF DEATH	INTERVAL BETWEEN		
	(This doe	SE OR CONDITION LEADING TO DEA's not mean the mode of	TH of dying, e.g., (A)	hing Quing C	f Ches x		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
7	DISEASES OR CONDITIONS, IF ANY, GIVING						
õ			F ANY, GIVING				
F		THE ABOVE CAUSE (A) YING CONDITION LA	AST.				
IFICATI	UNDERL	YING CONDITION LA	(C)				
ERTIFIC	OTHER S		(C)				
L CERTIFIC	OTHER STRIBUTION TO THE D	YING CONDITION LA II SIGNIFICANT CONDI 3 TO THE DEATH, BUT SISSASE OR CONDITION	(C)		20. AUTOPSY?		
CAL CERTIFIC	OTHER STRIBUTION TO THE CO. 19A. DATE CO. 21A. EXTER UNDERLYIN	YING CONDITION LA II SIGNIFICANT CONDI TO THE DEATH, BUT USEASE OR CONDITION	(C) ITIONS CON- NOT RELATED I CAUSING IT.	RATION			
L CERTIFIC	OTHER STRIBUTION TO THE CO. 19A. DATE CO. 21A. EXTER UNDERLYIN UTING CO. 21b. TIME OF INJURY	YING CONDITION LA	OCCURR	ED 21F, HOW DID INJURY	f in Baltimore City, give exact location) OCCUR?		
EDICAL CERTIFIC	OTHER STRIBUTION TO THE DESCRIPTION OF INJURY	YING CONDITION LA	AST. (C)	RATION In or 21c. WHERE DID (I etc.) INJURY OCCUR? ED 21f. HOW DID INJURY CAN WENT ON THE STATE OF THE STA	f in Beltimore City, give exact location) The first of cutoly overtical The first of thereon and from		
EDICAL CERTIFIC	OTHER STRIBUTION TO THE DISTRIBUTION TO THE DI	YING CONDITION LA II SIGNIFICANT CONDITION OF OPERATION	CE CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., about home, (arm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK Tye of the remains described of said Autopsy, Inspection or	RATION TO OF 2 IC. WHERE DID (I INJURY OCCUR? COLUMN OF THE COLUMN OF	f in Beltimore City, give exact location) The factor of t		
MEDICAL CERTIFIC	OTHER STRIBUTION TO THE CO. 19A. DATE CO. 21A. EXTER UNDERLYIN UTING CO. 21D. TIME OF INJURY 22. I certic the even and dec.	SIGNIFICANT CONDITION OF THE DEATH, BUT USEASE OR CONDITION OF OPERATION IN THE CAUSE WAS GOT OR CONTRIBUTED OF THE CAUSE OF DEATH. (Month) (Day) (Year) (Month) (Month	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK The second of the remains described of said Autopsy, Inspection or resulted from: natural cause	RATION In or 21c. WHERE DID (I etc.) INJURY OCCUR? ED 21f. HOW DID INJURY or above, held an Autopsy, Inquiry, find that said de s , accident , suicide 23s. CHIEF MEDICAL E ASSISTANT MEDICAL E ASSISTANT MEDICALE MEDICAL INVESTIGAT	tin Baltimore City, give exact location) OCCUR? Control thereon and from the day stated above, and the day stated above		
AMEDICAL CERTIFIC	OTHER STRIBUTION TO THE DESCRIPTION OF INJURY 22. I certic the even and description of Indian Control	SIGNIFICANT CONDITION OF THE DEATH, BUT INSEASE OR CONDITION OF OPERATION IN THE CAUSE WAS GOOD OF OPERATION (Month) (Day) (Year) (Month) (M	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK The second of the remains described of said Autopsy, Inspection or resulted from: natural cause	RATION In or 21c. WHERE DID (I etc.) INJURY OCCUR? ED 21f. HOW DID INJURY or above, held an Autopsy, Inquiry, find that said de s , accident , suicide 23s. CHIEF MEDICAL E ASSISTANT MEDICAL E ASSISTANT MEDICALE MEDICAL INVESTIGAT	tin Baltimore City, give exact location) OCCUR? Control thereon and from inspection or I quity ceased died on the day stated above, minimized in the day stated above, minimized in the day stated above, in the day state		
DOG NEDICAL CERTIFIC	OTHER STRIBUTION TO THE DE 19A. DATE OF 19A. DATE OF INJURY 22. I certic the even and de 23A. SIGNA TREMOVAL (STATE RECEIVE DCAL REGISTION TO THE POCAL REGISTIO	SIGNIFICANT CONDISON TO THE DEATH, BUT USEASE OR CONDITION OF OPERATION 1 NAL CAUSE WAS GO OR CONTRIB. CAUSE OF DEATH. (Month) (Day) (Year) Type of the property of the prop	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK Type of the remains described of said Autopsy, Inspection or resulted from: natural cause Note that the said Autopsy of the said	RATION In or 21c. WHERE DID (I etc.) INJURY OCCUR? ED 21f. HOW DID INJURY or above, held an Autopsy, Inquiry, find that said de s , accident , suicide 23s. CHIEF MEDICAL E ASSISTANT MEDICAL E ASSISTANT MEDICALE MEDICAL INVESTIGAT	tin Baltimore City, give exact location) OCCUR? Control thereon and from the day stated above, and the day stated above		

DELE SELL True L. Someth Horizonty Harpert " Creeking during tot Chark executive of Strang 5 2 - 16 2

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF He an as DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: before admission) B. COUNTY A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RVAA) and give HOSPITAL OR C. CITY OR TOWN INSTITUTION DRESS (If rural, give location O. STREET ADDRESS Vra Mos. c. Length of stay in Baltimore Days 9. AGE (in years | | Under 1 Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX WIDOWED, DIVORCED (Specify) Widawy 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Auguste, 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service) SECURITY NO 16. SOCIAL ADDRESS (Yes, no or unknown) -07-7566 INTERVAL BETWEEN DEATH CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO in Vasculos UNDERLYING CONDITION LAST. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) F INJURY

WHILE AT

AT WORK WORK

22. I hereby certify that I attended the deceased from.

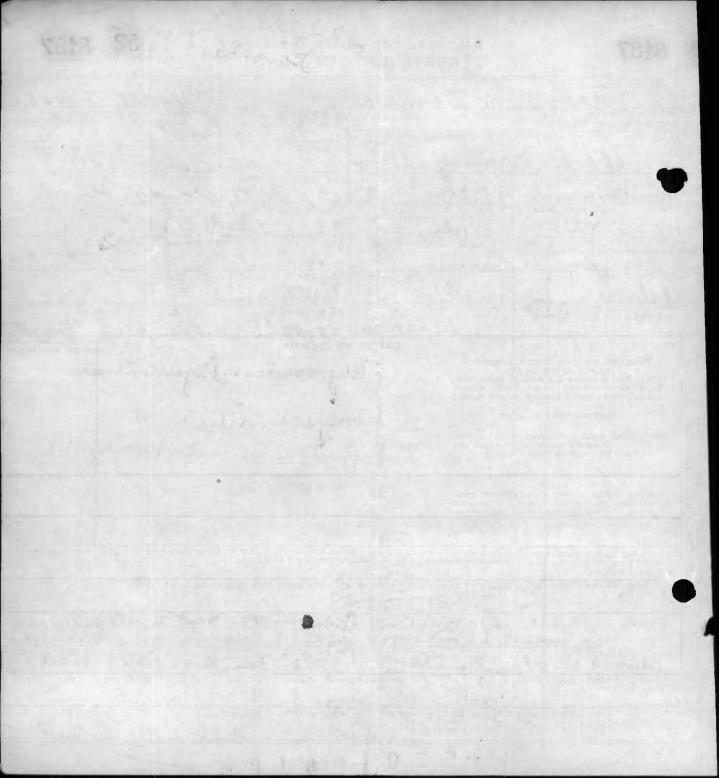
1949 to Sept 2, 1952 that I last saw the deceased alive on Stank 141952, and that death occurred at 7 A m., from the causes and on the date stated above.

23c. DATE SIGNED

23B. ADDRESS 23A SIGNATURE 3501 Tillucation M. D. 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 1952 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Huntington VS 150 23574204 ADDRESS



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3	8188		DAL	CERTIFICAT	E OF DEATH	J Re	gistered No.	OTOO
В	RTH NO.			CERTIFICATI	E OF DEATE	1	,	
	NAME OF D	AGNES E	MOOR			2. DATE OF DEAT	9-2-	52
A.		City, Maryland			4. USUAL RESIDER	B. C	sed lived. If inst	itution: residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or instituti	ion, give street address or location)	MAKYLA C. CITY OR TOWN	(If outside cor	porate La	rice RUKA L and give
IN	ISTITUTION	UNIVERSITY	Y HO	DSPITAL	BALTI	MORE		township
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	756 ME	ELVILLE A		#18
5.	SEX	6. COLOR OR RACE	WIDOW	MARRIED.	SENT 1 1891	9. AGE (In years Underthday) Month	s Days Hours Min.
		CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (St	tate or foreign coun	try) 12	. CITIZEN OF
VOT	HOUSE	of working life, even if retired) WIFE		INDUSTRY				WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAI	/ .		
1.5	. WAS DECEAS	AMES DY	EA	16. SOCIAL	ISRIAGE	1 KILMI	URRAY	
Ye	s, no or unknown	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDF	RESS
	18. 11.20	, ,		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEAS	SE OR CONDITION						OKSET AND DEATH
		not mean the mode	of dying, e. g	A ACUTA	= MYOCARDI	AL INFA	RCTION	24 hrs.
	injury or	re, asthenia, etc. It mea complication which c	ns the discas- caused death	e, .) DUE TO				
		ANTECEDENT CAUS	SES .		1			
Z	DISEASE	S OR CONDITIONS, I	5 . N.V. 611/18		NARY TH	ROMBOSIS	***************************************	
0	RISE TO T	THE ABOVE CAUSE (A)	STATING TH					
CA	UNDERLI	TING CONDITION LA	.51.	(C)			******************	
L L		- 11						
ERT		IGNIFICANT CONDI						
Ū		F OPERATION / 1		FINDINGS OF OPER	PATION			20, AUTOPSY?
AL	ISA. DATE C	or ENAMON O	JB, MAJON	1111011103 01 01 21				YES NO
EDICA		ENT WAS UNDER-		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,			more City, give	exact location)
Σ	p. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR	7	
	INJURY		m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I att	tended the	deceased from and that death occur	7-2 - , 195	to_ 9-3	, 1952, t	hat I last saw th
	deceased a	live on 9-3	, 19 52,	and that death occur	rred at 10 - Am.,	from the causes	and on the c	date stated above
	23A. SIGNA	onald H.	mel.	V	University	Horsets	0 2	9-3- 82
	4A. BURIAL.	CREMA- 248. DATE		24c. NAME OF CEMETE		24D. LOCATION	(City, town, or	
6	ON, REMOVAL (S	Seul-6	1952	Cathied	ral	Ballin	non	
÷		D BY REGISTRAR	SSIGNATU	JRE 1'11	25 FUNERAL DIRE	CTOR	AI	DDRESS
h- '	SEP 4	195R Tun	tington	Williams, My	Tula Wie	defeld 9	1006. Bu	ddle St.
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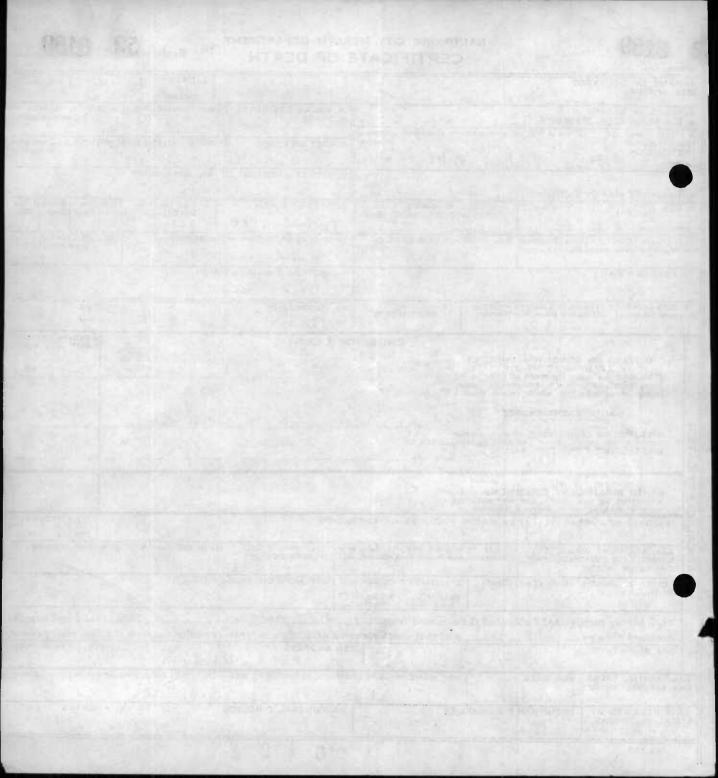
Sexton

BALTIMORE CITY HEALTH DEPARTMENT

Register 520 8189

В	RTH NO.			CERTII ICATI			
	NAME OF D	ECEASED	1 1			2. DATE 2	Sept- 1952
3.	PLACE OF D	EATH:	Sexlo	~	4. USUAL RESIDENCE (V		
Α.	Baltimore (City, Maryland	200	I alley of	A. STATE	B. COUNTY	before admission)
H	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN (If	outside corporate limi	s, write RURAL and give
IN	STITUTION	P. Itt. 1.	tor	of the m	Bally	nou	(township)
		men an	,	O Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of s	tay in Baltimore	64	Mos. Days	1200 Val	ley Sr	
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours onths Days Hours Min.
1	emb	White	amboo		13 July 1878	194	
		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPUACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
-			ļ		Unguna		
13	. FATHER'S	.1	,		14. MOTHER'S MAIDEN N	AME	
	d_r	ED EVER IN U.S. ARME	N FORCES	16. SOCIAL	Nont lens	W	
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Lette Sist	in 9 this	ABBRESS
	18. 33	/x .		CAUSE	OF DEATH	/	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		6	proboral al	James Asker	and A week.
1	(This does	s not mean the mode oure, asthenia, etc. It mes	of dying, e.	g., (A)	e worms 37	serpo vina	ge and w
		complication which			-	1 -	
	ANTECEDENT CAUSES				Y Morio Dal	010011	3 ys
Z	(C)				100000		
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RTIFIC	071150	11					
Ш	TRIBUTING	G TO THE DEATH, BUT	NOT RELAT	ŁD			
U		OF OPERATION		FINDINGS OF OPER	RATION		20, AUTOPSY?
AL		0					YES NO
EDIC		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
	PID. TIME	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INSORT		m.	WHILE AT NOT WHILE AT WORK			
	22. I herel	by certify that I at	tended the	deceased from	uly 1 , 1952, to &	'epo 2-, 19:	2, that I last saw the
1	deceased alive on Sept 2-, 1952, and that death occur				rred at Of m., from	the causes and on	the date stated above.
					16318 Nou	li ave	Sept 4-1952
2	4A. BURIAL.	CREMA- 24B, DATE	1	24c. NAME OF CEMETE		OCATION (City, town	n, or dounty) (State)
11	QN. REMOVAL	Suche M	1.1952	Cartered	bral.	Ballinion.	
11	ATE RECEIVE	ED BY REGISTRAR	'S SIGNAT	URE.	25. FUNERAL DIRECTOR	1.0 100	ADDRESS
1	SEP 4	1954 Huntin	glor 1	Vellalle 17.	Rice Wiedell	ld 400 6 13	idale St
	VS 150		9	5 A G	08186		



BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. In institution residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. 19 Days c. sength of stay in Baltimore Days 7. SINGLE, MARRIED, (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months; Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. PHENHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Church 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no objection) (If yes, give war objects of service) 16. SOCIAL 7 SECHBITY HO JOHNS HOPKINS INTERVAL BETWEEN

CAUSE OF DEATH 540.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INJURY OCCUR?

21F, HOW DID INJURY OCCUR?

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OBERATION

198. MAJOR FINDINGS OF OPERATION 21c. WHERE DID

21B. PLACE OF INCURY (e. g., in or about home, farm nactory, preet, office bldg., etc.) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT

NOT WHILE!

22. I hereby certify that I attended the deceased from.

24B, DATE

Sept.

1952, and that death occurred at 3.20 m., from the causes and on the date stated above. deceased alive on__ 23A. SIGNATURE

7,1952

REGISTRAR'S SIGNATURE

1952 to

23B. ADDRESS

JOHNS HOPKINS HOSPITAL 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

ConnellsvilleFavetteCo 25. FUNERAL DIRECTOR ADDRESS

(If in Baltimore City, give exact location)

ONSET AND DEATH

20. AUTOPSY

. 1952 that I last saw the

23c. DATE SIGNED

DATE RECEIVED BY LOCAL REGISTRAR

Burial

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Ellsworth Armacost unlington LALLUA-

VS 150

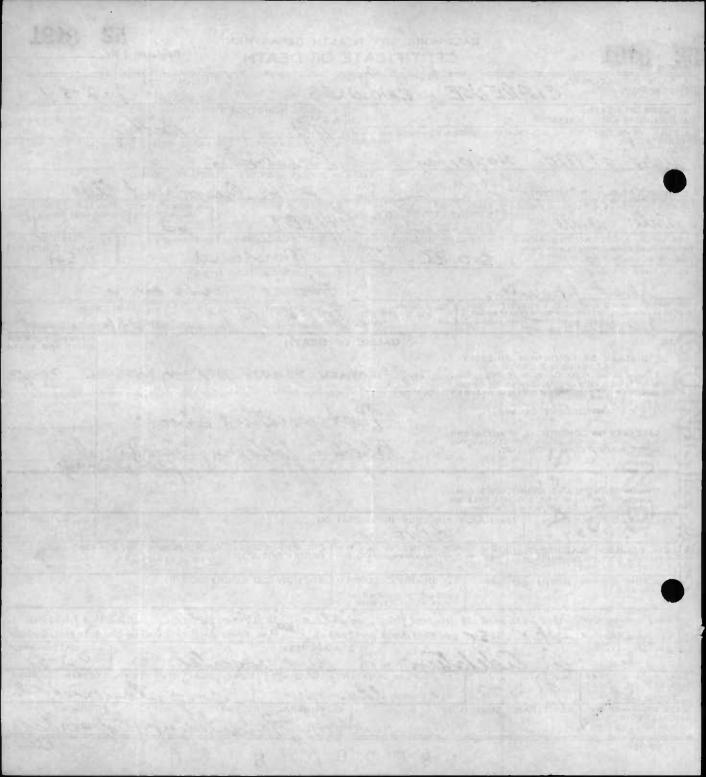
Hillgrove Cemetery

EDICA

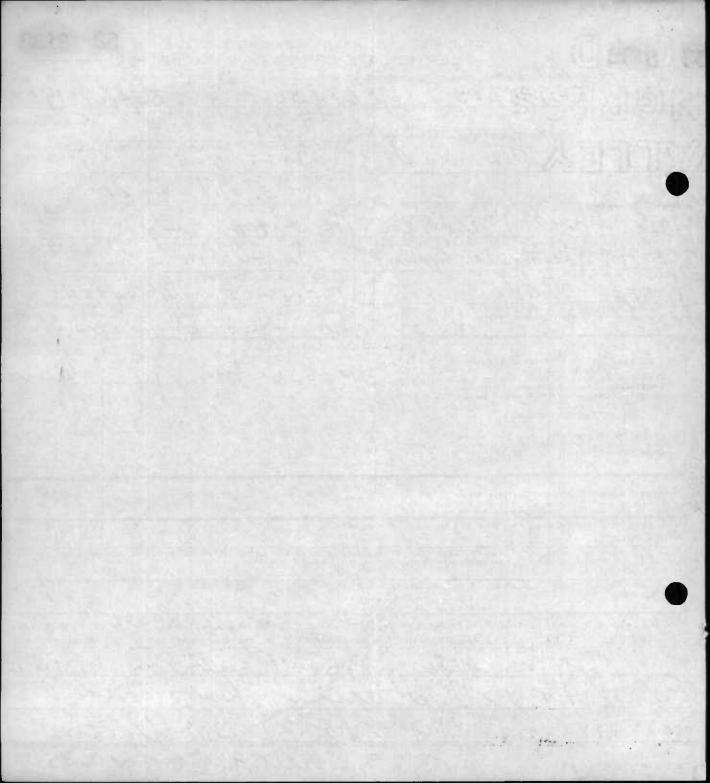
U

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CLARENCE OF KNOWLES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RU RTL, and give INSTITUTION UNIV D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs NINGLE, MARRIED 5. SEX AGE (In years | | Under 1 Year | | Under 24 Hours last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE BIRTH AGE (In years 10A. USUAL OCCUPATION (GivekIndof) 108. KIND OF BUSINESS OR 1/. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (If yes, give war or detes of service) (Yes, no or unknown) SECURITY NO. W.W. 18. INTERVAL BETWEE CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY -8-28-5Y 218. PLACE OF INJURY (e. g., In or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from . 1952 that I last saw the deceased alive on Jest Y 1954, and that death occurred at 2m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, EXEMA-REMOVAL (Specify) 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR ADDRESS LOCAL REGISTRARuntivitors

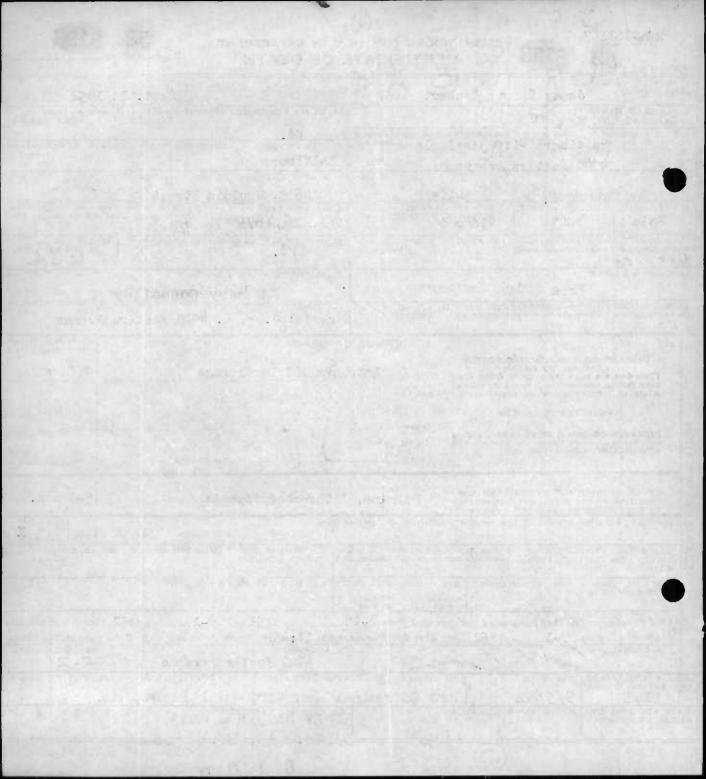
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	152				
3	8192		E OF DEATH	Registered No.	2 8192
1. (T	NAME OF DECEASED har L	ES 9. 10	BINSON	2. DATE OF DEATH EP	V-1917
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		titution: residence before admission)
HC	FULL NAME OF (If not in hospital or in DSPITAL OR STITUTION	stitution, give street address or focation)		outside corporate imitaly	vrite RURAL and give
	ength of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (18)	ural, give location)	
	SEX 6. COLOR OR RACE 7. SI	Days NGLE, MARRIED. DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years If Unc last birthday) Month	ler I Year # Under 24 Hours ns Days Hours Min.
18	USUAL OCCUPATION Give kind of 10B, dyne during most of working fig. even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country 12	CITIZEN OF WHAT COUNTRY?
13	TATHER'S NAME	· AMI	14. MOTHER'S MAIDEN NA	ME MCE	+==
Y S	. WAS DECEASED EVER IN U.S. ARMED FORC	ES? 16. SOCIAL SECURITY NO.	7. INFORMANT	PI. ADD	RESS - G; \$7
	16. 526X	CAUSE CAUSE	OF DEATH	1/00/NSON 1	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying	g, e, g., (A)	nchiecta	ses	Wars
	heart failure, asthenia, etc. It means the injury or complication which caused	disease, death.) DUE TO		***************************************	0
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY,	(B)		***************************************	
FICATION	RISE TO THE ABOVE CAUSE (A) STATIS UNDERLYING CONDITION LAST.	NG THE DUE TO			
	11	(0)			
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED			
	19a. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21a. ACCIDENT WAS UNDER. 21E LYING OR CONTRIBUTING about CAUSE OF DEATH	s. PLACE OF INJURY (e. g., in hume, farm, factory, atreet, office bldg., e	n or 2 IC. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
Σ	P. TIME (Month) (Day) (Year) (Hour INJURY	WHILE AT NOT WHILE		OCCUR?	
	22. I hereby certify that I attended	the deceased from	# 1 , 1050 to Se	A+ 2 1952	that I last saw the
	deceased alive on 9 2, 19.	and that death ocur		causes and on the	
24	men	deles M. D.	65/N/Jen	CATION (City, town, or	9/3/52
	SEMOVAL (Specific) 9. 5- 5	new Cres	lessel 190	alto m	(State)
S	TE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR TO THE PROPERTY OF	~ Williams, My	2) FUNERAL DIRECTOR	m. Wai	DDRESS
	VS 150	TS4 25	1: In theol	stocki	ax.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEASept. 1, 1952 James Thomas Daubert 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or altimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore 4940 Eastern Avenue Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 246 S. Bouldin Street Life Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours! Min. Mala Dec. 26, 1874 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF wark dang during must of working life, evan if retired) WHAT COUNTRY INDUSTRY Md. Haborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fred erick Daubert Mary Connolley 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL Records: B. C. H. 4940 Eastern Avenue (Yes, nn nr unknnwn) SECURITY NO. NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Intracranial Hemorrhage 4 days (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-Puipura, ? Thrombocytopenis 3-4 mos. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL 218. PLACE OF INJURY (e.g., in nr (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about hame, farm, factory, streat, affica bidg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from 8-18 . 19 52 to 9-1 , 1952, that I last saw the deceased alive on 9-1 1952, and that death occurred at 11:45m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 9-2-52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 4c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE Baltimore, Md. burial New Cathedral Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE SONS, INC. LOCAL REGISTRAR 195 VS 150

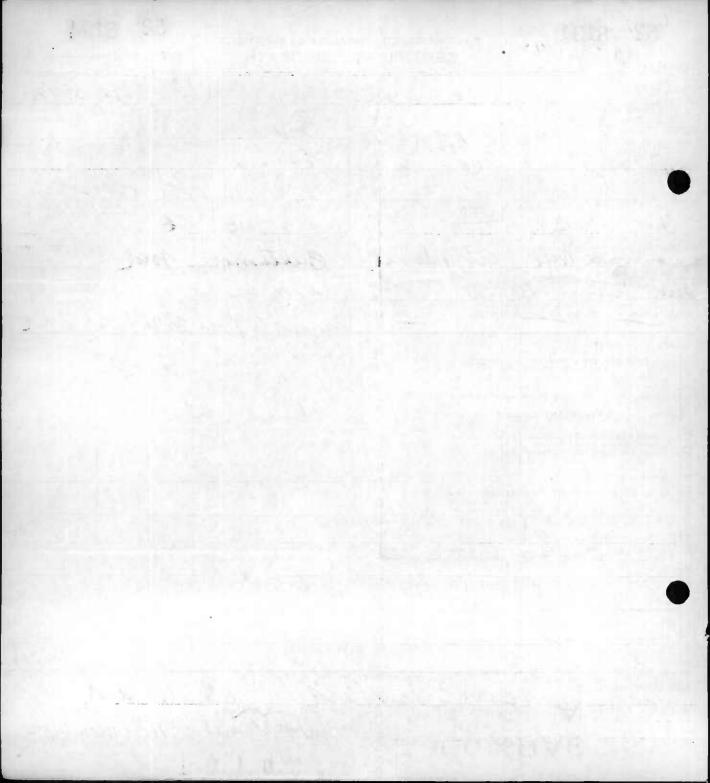


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BALTIMORE CITY HEALTH DEPARTMENT

52 8194

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. FLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED.
(WIDOWED, DIVORCED (Specify) 9. AGE (In years AGE (In years | | Under | Year | | Under 24 Hours | Index 24 Hours | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of work done during prost of working (in even if retired) 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY 13. EATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE Pid. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK , 195's, to fish July 2, 19 that I last saw the 22. I hereby eertify that I attended the deceased from_ 2. 1952 and that death Securred at 2 P. m., from the eauses and on the date stated above. deceased alive on self. 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED and Genral 24A. BURIAN, CREMA 24c, NAME OF CEMETERY DR CREMATORY | 240. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



9-53 52 8195 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Amelia Mary Smith (Type or Print) OF September 2. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION 1927 Penna Ave. Balto. D. STREET ADDRESS (If rural, give location) Life Mas 1927 Penna Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Jan. 10, 1892 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)

before admission) (If outside corporate limits, write RURAL and give 9. AGE (In yeurs II Under I Yeer II Under 24 Hours Min. 12. CITIZEN OF WHAT COUNTRY work done during months strafic even if retired) INDUSTRY Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Smith Sara Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Jean Grant 1927 Penna Ave. none CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL YES 21B. PLACE OF INJURY (e. g., in nr about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED

WORK AT WORK deceased alive on Act 2, 1952, and that death occurred at 8 45 p.m. from 23A. SIGNATURE p.m., from the causes and on the date stated above. 23c. DATE SIGNED

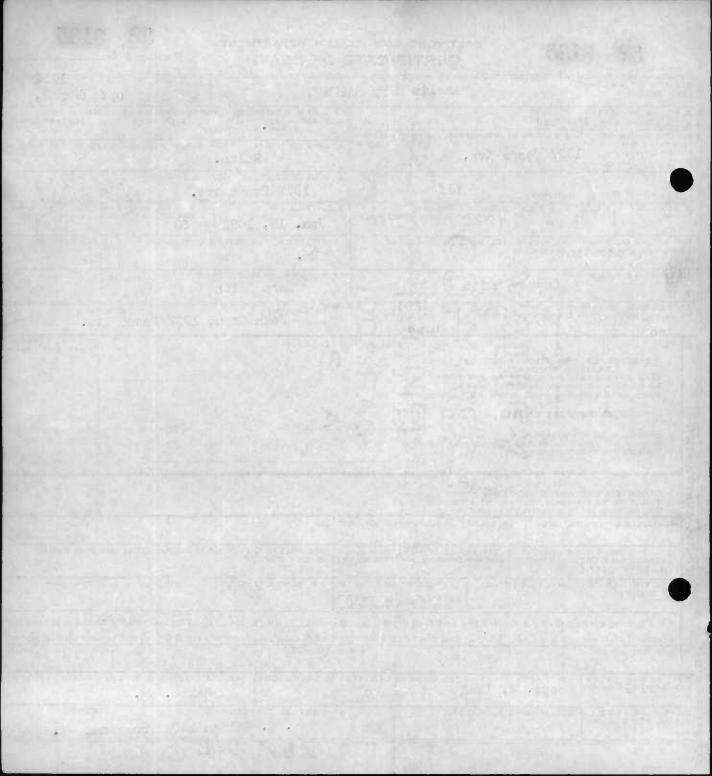
24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

24A, BURIAL CREMA-TION BURY (Specify) 1952 Mt Auburn

Balto. Md.

DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Geo. G. Kelson 1303 Presstman St.

VS 150



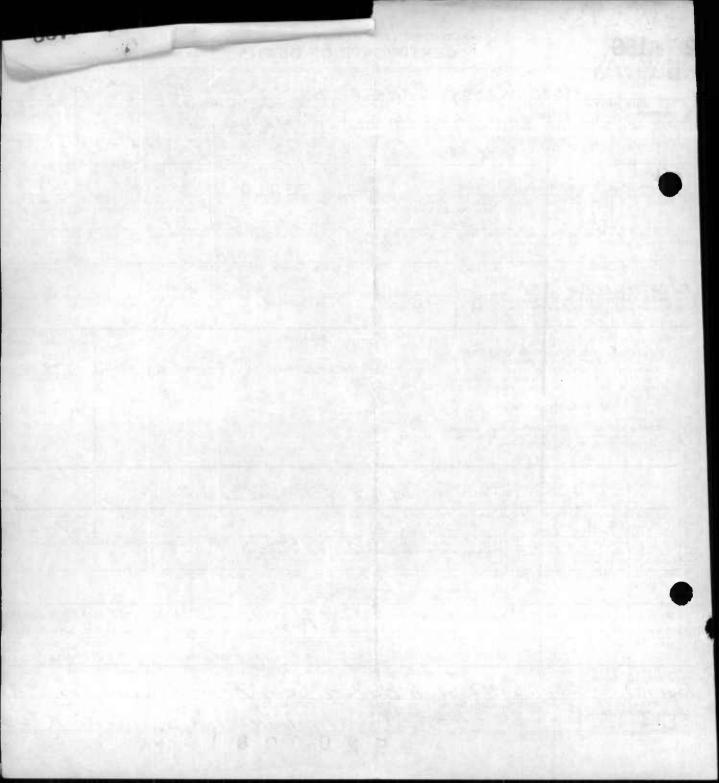
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correct age 18 a scianty important

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8150

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MRS. QUINCY CRNALE	. 2. DATE. OF BEATH 3 rd Sept. 52
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
HOSPITAL OR INSTITUTION MERCY HOSPITAL	C. CITY OR TOWN (If outside corporate Whits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
gth of stay in Baltimore Mos.	1722 N. Chapel St. # 13.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours I hast birthday) Months: Days Hours: Min.
F W. Widowed	Dec. 16 1866 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Clark	llnknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	onset and death onset and death occinoma of Sigmoid Colon
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Generalised arteriosclerosis
19A. DATE OF OPERATION 3 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 13	Rang. , 1952, to 3 rd Sept., 1952, that I last saw the
deceased alive on 2 sept., 1932, and that death occu	rred at 2 30 pm., from the causes and on the date stated above.
23A. SIGNATURE M. K. Duinn. M.D.	236. ADDRESS 23c. DATE SIGNED 325 Sept. 52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Buria) Sept. 6/952 Glen Hav	
DATE RECEIVED BY REGISTRAR'S SIGNATURE SEP 4 1952 Huntington Williams, M.F.	2. Melville Jenkins 2713 Kirk ave
VS 150	1000000



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52		81	97
BIRTH	N	0.	
1 NIAN	15	OF	DECEA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No.

	ype or Print)		- a.			2. DATE	
			hn Beyer.	lein		DEATH 9-3	-52
Α.		City, Maryland Be			A. STATE	(Where deceased lived. If	before admissio
40	FULL NAME	OF (If not in hospit	al or institution,	give street address or location)	c. CITY OR TOWN	Baltimo (If outside corporate limit	
N	ISTITUTION	St. Agnes	Hoenitel		Boltimone W		townshi
7		Outgnos		Yrs.	o. STREET ADDRESS	(If rural, give location)	1000
		tay in Baltimore	55	Yrs Mos. Days	1902 Hammo	nds Ferry Rd.	5000
5.	SEX	6. COLOR OR RACE	7. SINGLE, M	ARRIED, , DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	if Under 1 Year If Under 24 Her onths: Days Hours Mi
M	ale	White	Marrie	ed	2-17-1897	55 Yrs.	
orl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF	BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTR
	ol Maker		Corner	o Co Ball	Maryland		USA
13	FATHER'S	NAME	OP PUT	TON (CUT-, J (M)	14. MOTHER'S MAIDEN	NAME	
	J	ohn			Margaret		
1 5 Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 10	6. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
				12-109-8362	born Beyerl	ne 1902 Hans	roudo Leus
	18. 44	2× .	A DOM	CAUSE	OF DEATH	Rd Balts	INTERVAL BETWE
	DISEAS	SE OR CONDITION					ONSET AND BEA
	(This does	LEADING TO DEAT	TH of dying, e.g.,	(A) Cese	brel Hem	ouleal	
	heart failu	re, asthenia, etc. It mea	ns the disease,	DUE TO			
,		ANTECEDENT CAUS	DES .	(B) Stress	extensive C	2. V. D.	
5		S OR CONDITIONS, IN		OUE TO	affine a mentalment of the filled affine sends to the \$100 file \$100 file \$100 file.	• (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
-		YING CONDITION LA					
2			30/11/5	(C)		**********************************	********
-		11					
	TRIBUTING	GIGNIFICANT CONDI	NOT RELATED				
)		ISEASE OR CONDITION		NOINCE OF ORE	ATION		20. AUTOPSY?
ļ	19A. DATE C	OF OPERATION 1	9B. MAJOR FI	NDINGS OF OPER	ATION		YES NO
5	21A ACCIE	DENT WAS UNDER-	218. PLACE	OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City,	
1		R CONTRIBUTING .		factory, street, office bldg.,			
7		(Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
h	INJURY			E AT NOT WHILE			
	22. I hereh	ny certify that I att			-91 , 1957 to	9-3 195	Zthat I last sam i
	deceased a	live on 9-9	1952	that death occur	red at 9:55 Am., from	n the causes and on t	he date stated about
1	and Cloud	TUDE	-,,		25 ADDRESS		1 330 DATE SIGNE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

simul DATE RECEIVED BY

VS 150

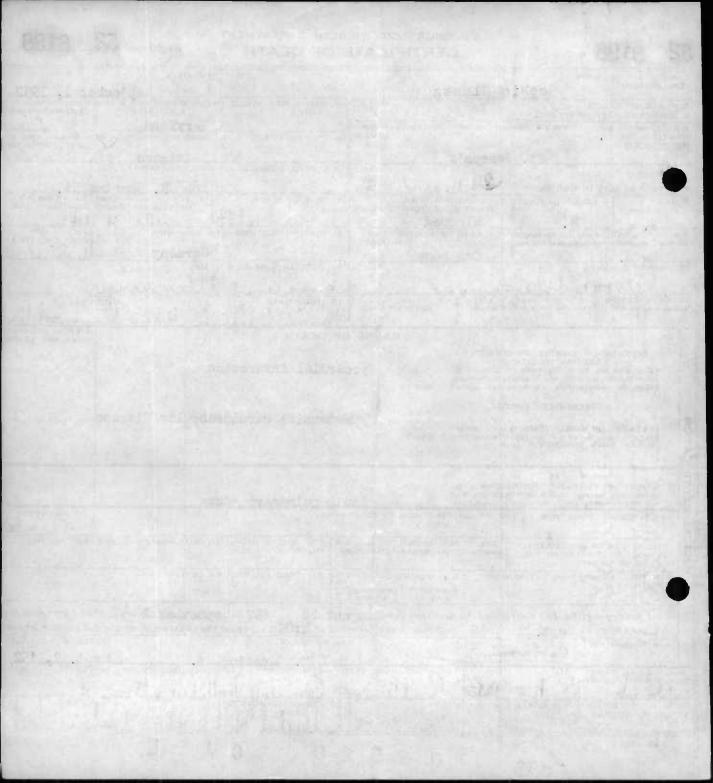
designation of the The late light of the latest Part Charge of the Control of the

1453 52 8198

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 8198

BIRTH NO.	
1. NAME OF DECEASED	2. DATE OF
20bitti 2787192	DEATH September 2, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
MEXIMOGO	township)
St. Joseph's	Baltimore ()
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. ength of stay in Baltimore Days	1816 N. Chester St.
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	9. AGE (In years 1 Under 1 Year 1 Under 24 Hours Min.
F. W. Widdwed	upril 19, 1890 62 4 14
10A. US AL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Hwfe. Own home	Germany U.S.C.
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
George Weissman	magazine Weissman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) I fe yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ON ACDRESS
SECORITY NO.	to and Cille & 4223 Stummord are
18. // O.A. INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	
heart failure, asthonia, etc. It moans the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING (B) Hypertensive cardiovascular disease	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
W TRIBUTING TO THE DEATH, BUT NOT RELATED	ute pulmonary edema
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	YES NO X
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i	
□ LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
m. work AT WORK	
22. I hereby certify that I attended the deceased from August 28, 1952 to September 2 1952, that I last saw the	
deceased alive on Sept. 2, 1952, and that death occurred at 4:05pm., from the eauses and on the date stated above.	
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED
M.D. Thoo N. Caroline St. Sept. 2. 52	
24A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City town, or county) (State)	
Bustal Destro 1932 Salling on Sampley horte live & loss St	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR APDRESS	
SEP 4 1952 Huntington Williams, MR (2) Kat 2 21 1 4642 Delain	
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH September 3 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or finstitution, give street address or Maryland B. FULL NAME OF location) HOSPITAL OR (If outside corporate limits write RERAL and give C. CITY OR TOWN INSTITUTION Bal timore D. STREET ADDRESS (If rural, give location) Mos. 1832 N. Chester St.

9. AGE (in years of Under I Veer last birthday) Months: Days Hours Min. ngth of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED DATE OF BIRTH WIDOWED DIVORCED (Specify) 2 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR THPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL M. INFORMAN ADDRESS (Yes, no or unknown) SECURITY NO 18.420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO reclente C.V. D. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION DICAL NO 12 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED FINJURY NOT WHILE WHILE AT

22. I hereby certify that I attended the deceased from.

WORK

1933 to 9/3

dcceased alive on_

24B. DATE

1952, and that death occurred at 1:30p.m., from the causes and on the date stated above. 23B. ADDRESS

23c. DATE SIGNED

1952 that I last saw the

23A. SIGNATURE

24c. NAME OF CEMETERY

TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRATE

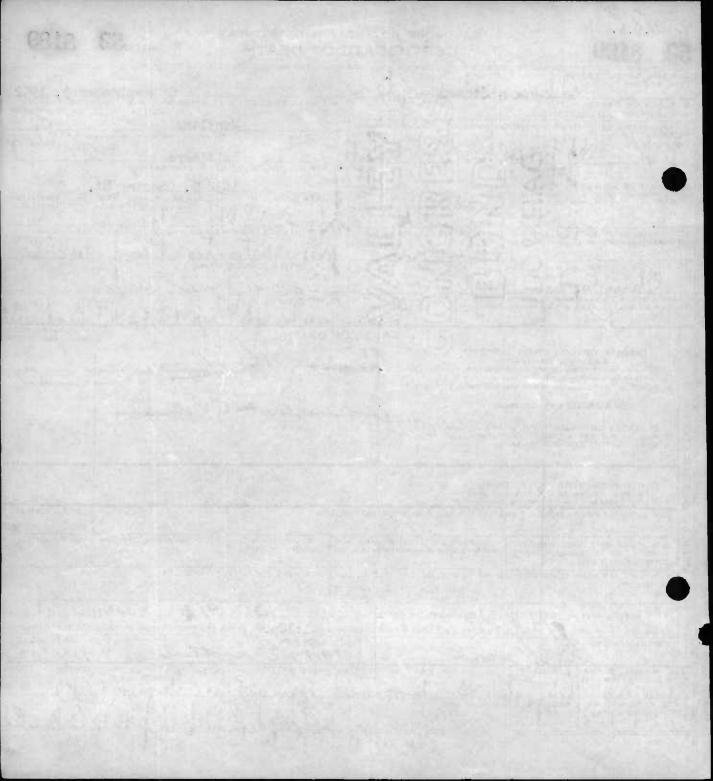
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24A. BURIAL, CREMA-

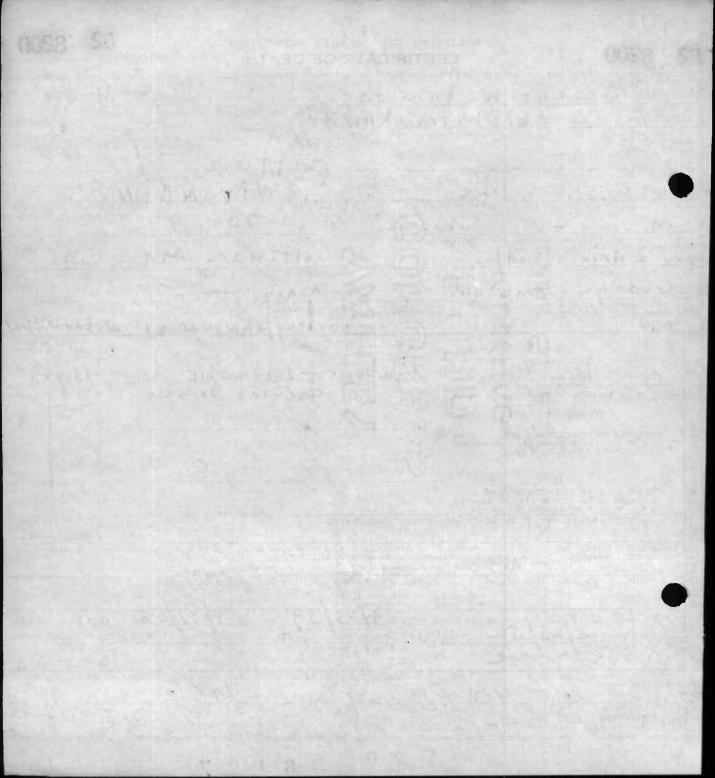
REGISTRAR'S SIGNATURE Intuitor

FUNERAL

24D. LOCATION (City, town, or county)



10	512		
5%	8200 BAI	CERTIFICATE OF DEATH	Registered No.
1.	NAME OF DECEASED (ype or Print) GCORGE W	Jum 03011	2. DATE OF 8-31-5-2
Α.	PLACE OF DEATH: Baltimore City, Maryland 618 W FULL NAME OF (If not in hospital or institut	. Tranklind Tate	(Where deceased lived, If institution; residence B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institut OSPITAL OR ISTITUTION	loss 4 is a loss loss loss loss loss loss loss l	If outside corporate Innts, write IVIRAL and give township)
7	ength of stay in Baltimore	Mos.	If rural, give location)
5.	SEX 6. COLOR OR RACE 7. SNIGLE	Days E. MARRIED, VED.DIVORCED (Apecify)	9. AGE (in years) It Under I Year last hirth day) Months: Days Hours Min.
1C worl	DA. USUAL OCCUPATION (Give kind of the kind of kind of kind of working life, even if retired)	O OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or BALT	foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	GLOVYL SUMPION	14. MOTHER'S MAIDEN	NAME
15 (Ye	D. WAS DECEASED OVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 47. INFORMANT	SON 618 W. Franklin
	18. 422.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. 1 heart failure, asthenia, etc. It means the diseas injury or complication which caused death	se,	disense 13 yrs
Z	ANTECEDENT CAUSES	(B)	
CATION	DISEASES OR CONDITIONS, IF ANY. GIVEN RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	NG	
ERTIFICA	II OTHER SIGNIFICANT CONDITIONS CO		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATI TO THE DISEASE OR CONDITION CAUSING I 19A, DATE OF OPERATION 19B, MAJOR		
SAL	138. MAJOR	FINDINGS OF OPERATION	20. AUTOPSY?
EDIC,	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLA about home, f	ACE OF INJURY (e. g., in or arm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
Σ	INJURY	21E. INJURY OCCURRED 21F. HOW DID INJUING WHILE AT NOT WHILE AT WORK	RY OCCUR?
	22. I hereby certify that I oftended the	deceased from 4/27/39,19_, to_	8/31/5210 , that I last saw the
	deceased glive on 23 3, 22 , 23A SIGNATURE	and that death occurred at 7 m., from 1500 EAST, MADISON OF	the causes and on the date stated above. 23c. DATE SIGNED 6-3-52
	hudia / labor 100	24C NAME DINCE METERY OF CREMATORY 24D.	LOCATION (City, town, or county) (State)
	CALPROSTRARY THE	THE 25 FUNERAL DIRECTOR	ADDRESS 29
	VS 150	95200000	STATE STATE OF
		2 mm for 1 1 8 1 0	



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-	16-0	00:04	RAI	TIMORE CITY HE	ALTH DEPARTMENT		1.00.1	
0	52	SZUI		CERTIFICATI		Registere	d No.	
В	IRTH NO.			CERTIFICATI	OF DEATH			
1.	NAME OF D	ECEASED				2. DATE		
(I	Type or Print)	Flor	ence Tir	nmerman		OF Se	pt. 2, 195	2
	PLACE OF D				4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY	. If institution : resi before a	denee
	FULL NAME	City, Maryland	alor instituti	on, give street address or	Maryland	B. COUNTY	1 3	1111155101
H	OSPITAL OR	Southern		location)		If outside cor orate li		
11	ASTITUTION	2520 Gree:		TO.	Baltimore	10	t	township
7		2020 0100	LAITO CLASS	Yrs.	D. STREET ADDRESS (If rural, give location)		
	Length of st	tay in Baltimore	Life	Mos. Days	2520 Green	- accorde A		
_	. SEX	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Un Months Days Hou	nder 24 Hour
	ימ	TATO. 9 2			0		Months Days Hou	irs Min
10	DA USUAL OC	White CUPATION (Givekind of	Wide	OF BUSINESS OR	Sept .1 1868	foreign country)	12. CITIZEN	OF.
vor	k done during most o	f working life, even if rotired)	TOD. KIND	INDUSTRY		To a constant of	WHAT CO	SUNTR'
15	Housewi		hor	ne	Maryland 14. MOTHER'S MAIDEN	NIAME	V.S.	
1 4	S. FAIRER S N	IAME						
_	Jose	ph E. Wood			Margaret J.	Airy		
13 (Ye	es, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No		1/4/5/15		Mrs. Faulkner	2520 Green	mount Ave.	
	18. 420	2.1.		CAUSE	OF DEATH		INTERVAL ONSET AN	
	DISEAS	E OR CONDITION		0				
	(This does	not mean the mode of	of dying, e.g.	(A) Urler	oselerotee ca	rdeovascu	Las Weck	-
	heart failu	re, asthenia, etc. It mes complication which o	ns the discaso) DUE TO	deser	-		
7		ANTECEDENT CAUS	525	(8)				
Ö		OR CONDITIONS, I		G	***************************************	••••••••••	***************************************	
F	UNDERLY	HE ABOVE CAUSE (A)	STATING TH					
<u>U</u>				(C)				
ERTIFICATION		11				111-11-11		
2		IGNIFICANT CONDI						
Ü		SEASE OR CONDITION	CAUSING IT					
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUT	17
EDICAL			1		Loss Willens Din	(If in Politica of Oil	YES L	NO
ā		ENT WAS UNDER-		CE OF INJURY (e. g., i arm, factory, street, office bidg., c		(If in Baltimore Cit,	y, give exact local	non)
M M	CAUSE OF	DEATH						
	ID. TIME	Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR		RY OCCUR?		
			m. W	WORK NOT WHILE				
	22. I hereh	a contifer that I at	ended the		ecouly, 1951 to	Self 2. 19	that I last	sam ti
					red at 11-m., from			
	23A. SIGNAT		A.		38. ADDRESS	THE COMMOND WITH OF	23c, DATE	
	71.2	Wollow	eber	MA M. D.	11 E: Chase	Street	Sent.3	. 19
2	4A. BURIAL.	REMA- 248. DATE	2		RY OR CREMATORY 24D.			(State
TI	ON, REMOVAL (S		5 705	Loudon Pay	ale .	Reltimore M	emrland	

REGISTRAR'S SIGNATURE

Turtington Williams, Mr. John O. Mitchell & Sons 1900 Eutaw Place.

Baltimore, Maryland

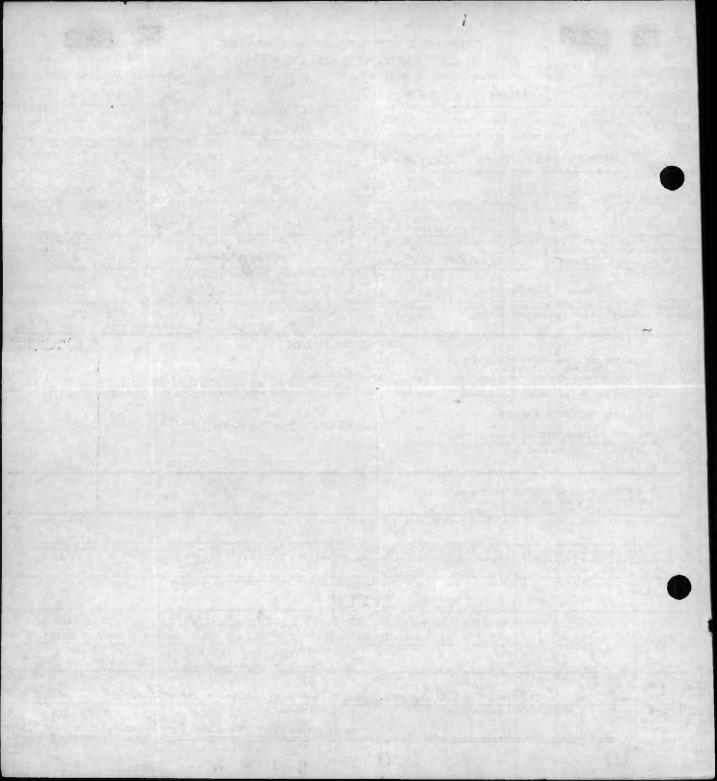
turtington Williams, Mr. John O. Mitchell & Sons 1900 Eutaw Place. DATE RECEIVED BY VS 150

3 60 8202

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8202 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN A. ROEPER	2. DATE OF DEATH 9/2/52
A. Baltimore City, Maryland	JSUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION WE MURIAL HOSPITAL	TTY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore	TREET ADDRESS (If rural, give location) RD 10 By 20 A , Bulto.19, md
The state of the s	ATE OF BIRTH 9. AGE (in years if Under I Year Months Days Hours Min.
work done during most of working life, even if retired) Deft. Stone	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
John Roeder	Carri Nattings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Berry Rucher Brows OA Balto
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	e glomeralonephatis
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
D LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) FINJURY MORK AT WORK	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on 2, 19 52, and that death occurred of 23a. SIGNATURE Wavely J. Heen Jr. M.D. William D. Heen Jr. M.D. William D. Heen Jr. M.D. William D. Hender Cemetery of Contract of Cont	Cem. Woodlaws, Ind.
VS 150 DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150 PAGE 150	organ. Forly Catorwille md.



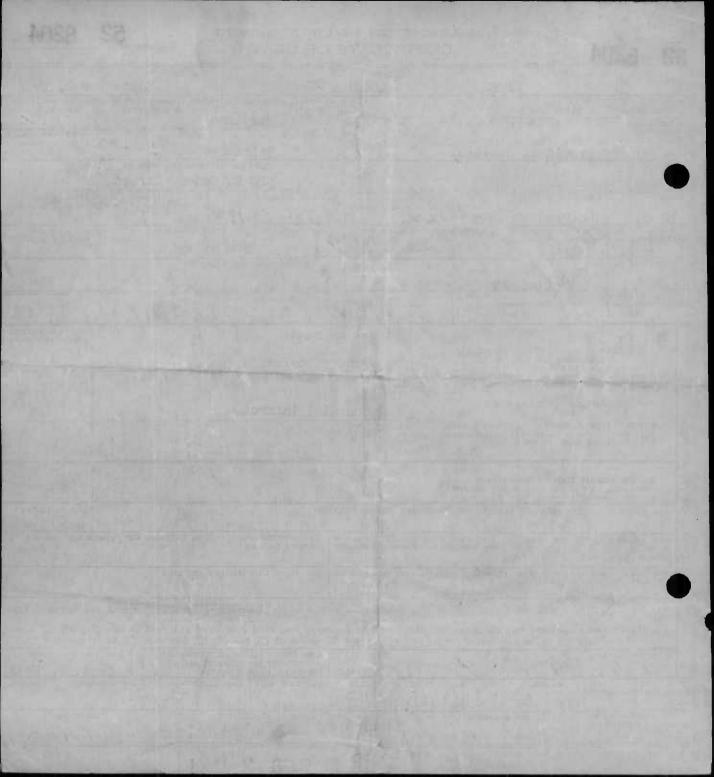
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BIRTH	NO.	U

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	8203
Registered	No	

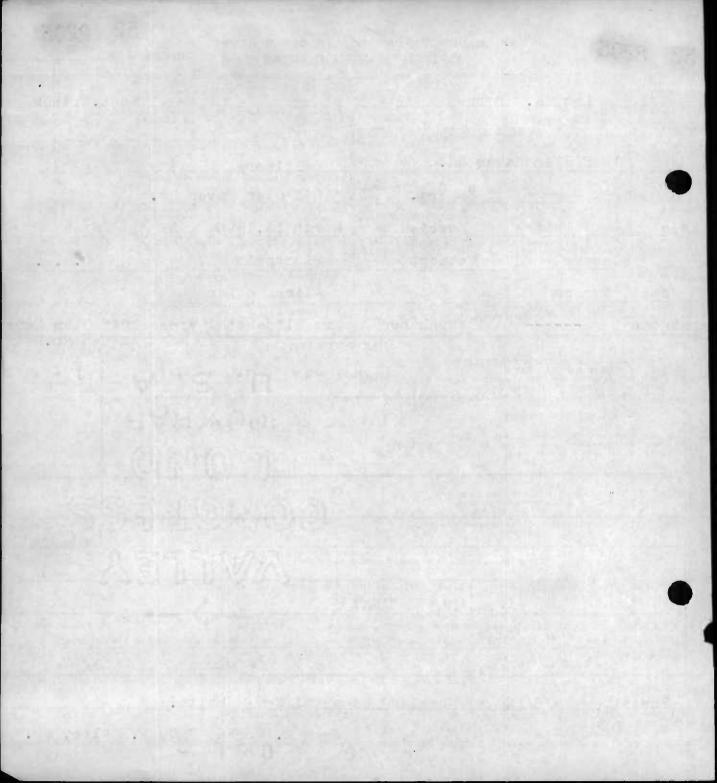
BI	RTH NO.						
	NAME OF	DECEASED E	HWARD			2. DATE	
	ype or Print)	George	HA	crison	SR	DEATH SEPT.	
A.	Baltimore	City, Maryland	BALTIN		4. USUAL RESIDENCE A. STATE Maryland	B. COUNTY	Institution: residence before admission)
H	SPITAL OR	OF (If not in nospit	ar or matitut	location)		If outside corporate limits	
	20	Univers	ITY	HOSPITAL	TAYLOr's	Island	
	0			Yrs.	D. STREET ADDRESS (If rural, give location)	Chan
c.	Length of	stay in Baltimore		22 Days			2,00
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED, (Specify)	8. DATE OF BIRTH	9. AGE (In years If last birthday) Mor	Under Year If Under 24 Hours nths Days Hours Min.
_	19/6	white	mar	ried	ling 15-1899	53	
10 work	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pe	Tired -	Tcc-selF			MARYLAN	ed l	Inited States
13	FATHER'S	NAME		(R)	14. MOTHER'S MAIDEN	NAME	
人	Jeong	re Har	non	~	morganet	malon	2
(Ye	, no or unknown	ED EVER IN U.S. ARME! (If yes, give wer or dete	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	n Nass	DORESS
	18. 50	1 0		CAUSE	OF DEATH	2 /// / /	INTERVAL BETWEEN
	00	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
	(This doe	LEADING TO DEA	TH	ha	saine Hem	atemeni	
	heart fail	ure, asthenia, etc. It mes	ins the discas	e		- al ver	٠
-	injury or	complication which	caused death	.) DUE TO Penge			
		ANTECEDENT CAUS	SES	0	+ 0 Ida	. 7	
NO.	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	tack of mar	h	
Ē	RISE TO	THE ABOVE CAUSE (A)	STATING TH		react con		
CA	ONDERE			(C)	***************************************		
F		11					
RTI		SIGNIFICANT COND					
CE		G TO THE DEATH, BUT					
	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY7
CAL							YES NO
EDIC	21A. ACCII LYING C CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH	21B. PLA ebout home, i	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c, WHERE DID INJURY OCCUR?	(If in Baltimore City, g	rive exact location)
F		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	F INJURY		m.	WHILE AT NOT WHILE			
	22. I here	by certify that I at	tended the		- / > , 19 52, to	9-2 ,195	that I last saw the
					rred at F: 50 Pm., from		
	23A, SIGNA				238. ADDRESS		23c. DATE SIGNED
		Visgina	Hu	ater M.D. 1	Immeraty 4	forgatal	9-2-52
24	AA. BURIAL,	CREMA- 24B. DATE Specify)		24C. NAME OF CEMETE	RY OR CREMATORY 240	DOCATION (City, town,	or county) (State)
4	(-)unla	1 96	52	new (a)	Chedral X	Dalto 7	nd
	ATE RECEIVE		'S SIGNATU	IRE	25 FUNERAL DIRECTOR	2	ADDRESS On
L	CFD A		ton W	Mianes- Mir.	d Kuck	5305 74	arford A
=	VS 150	1332 Harris			1		
-	A9 190	6		3 00 GIR 6:17	n h o o a		//

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) SCOTT DEATHSeptember 2, 1952 JAMES WILSON 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before numission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR (If outside comorate limits, write RURAL and give location) C. CITY OR TOWN INSTITUTION township) Baltimore Provident Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 520 W. Conway Street ength of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years It Under I Year It Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Male Colored 10A. USUAL OCCUPATION (Givekind of . BIRTHPLACE (State or foreign country 10B, KIND OF BUSINESS OR 12. CITIZEN OF GON! INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY -ABORER 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or upknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO INTERVAL BETWEEN 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) POODER ANTECEDENT CAUSES Myocardial infarct DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ы U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 NO X YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes K, accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 4C. NAME OF CEMETERY OR BURIAL, CREMA-CREMATORY | 24D. LOCATION (City town, or county) 24B. DATE TION, REMOVAL (Specify) ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR allallis. untinglow V S 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE I. NAME OF DECEASED (Type or Print) OF DEATH Sept.4,1952 Byrnes Leo 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE
B. COUNTY before admissi 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1242 Glen Haven Rd. Ral timore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1242 Glen Haven Rd. c. Length of stay in Baltimore 32 Yrs. Days 9. AGE (In years | | Under 1 Year | | Under 24 Rous last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH March 14,1895 Married Male II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Wisconsin Tehacce Salesman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice Allen Byrnes James 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs Elizabeth Byrnes 1242 Glem Have unknown unknown INTERVALUEETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH THROMBOSIS CORONARY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ornear as her to schoon FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-ED LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK 19 35, to 12.3, 19 4f, that I last saw the 22. I hereby certify that I attended the deceased from_____ deceased alive on 12.31 ., 1946, and that death occurred at _m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS St. Paul B 95.52 necon 1014 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION. REMOVAL (Specify) 24B. DATE Moreland Memorial Cem Balto. Md/ 9/6/52 Burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE Villaus Mis. John A. Moran, 3000 E. Balto, St. ton

VS 150



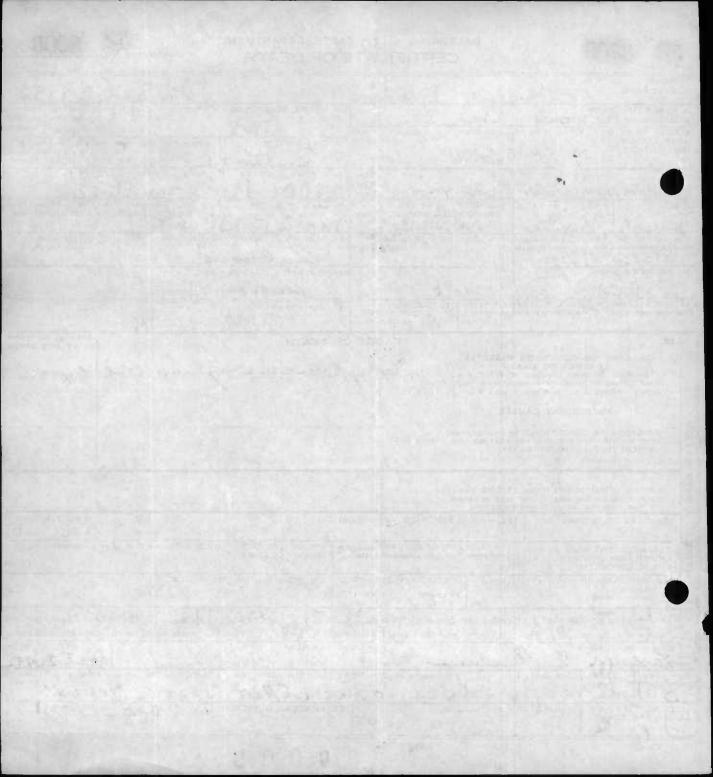
BALTIMORE CITY HEALTH DEPARTMEN Registered 1 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: B. COUNTY A. STATE A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) JOHNS HOPKINS HOSPITAL (If rural, give location) D. STREET ADDRESS Yrs. Mos. Moral ngth of stay in Baltimore Days If Under 1 Year 9. AGE (In wars It under lear It Under 24 Hours Min. 7. SINGLE MARRIED. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE larred 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY? Housewife. 13. FATHER'S MAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (19 yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL ONC. INTERVAL BETWEEN CAUSE OF DEATH 200. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION CAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-۵ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING ш CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE 1952 to_ , 1933 that I last saw the 22. I hereby certify that I attended the deceased from-1952, and that death occurred at 7.36 Am., from the causes and on the date stated above. deceased alive on. 23c. DATE SIGNED 234 SIGNATURE 23B. ADDRESS

JOHNS HOPKINS HOSPITAT 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY! 244 BURIAL, CREMA-TION, BEMOVAL (Specify)

BUTEAL Hearlot 25. FUNERAL DIRECTOR BOOUE. BALTE DATE RECEIVED BY LOCAL REGISTRAR LALLIA-, NI

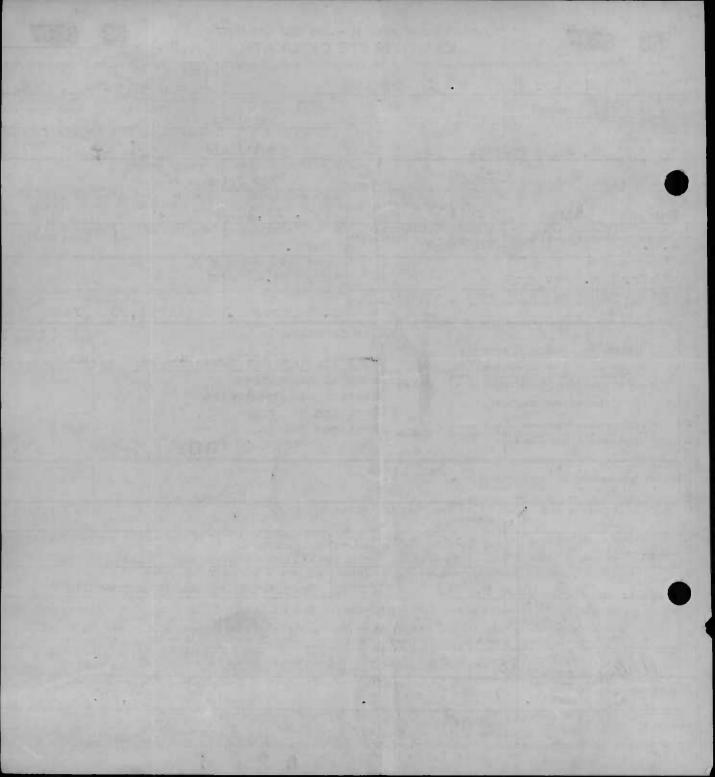
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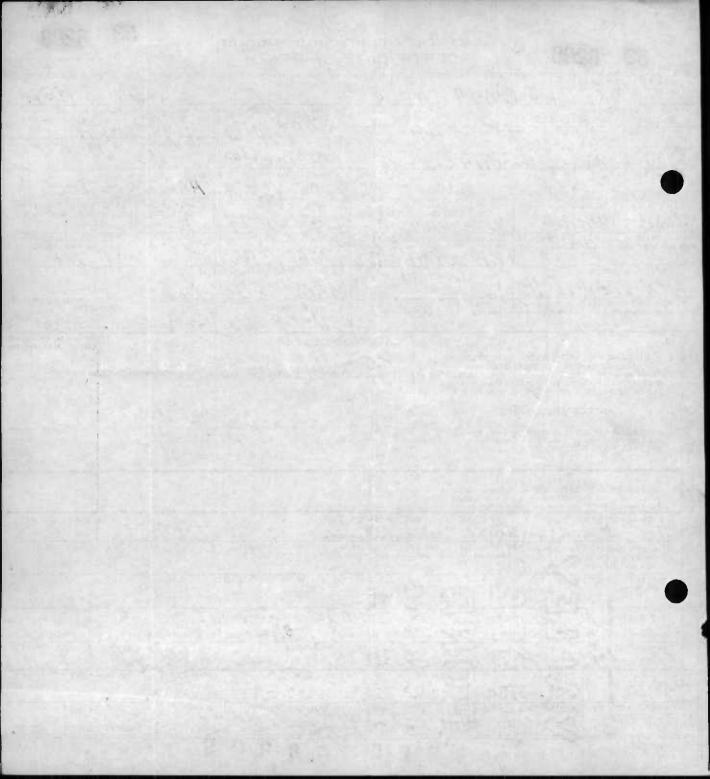
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8207

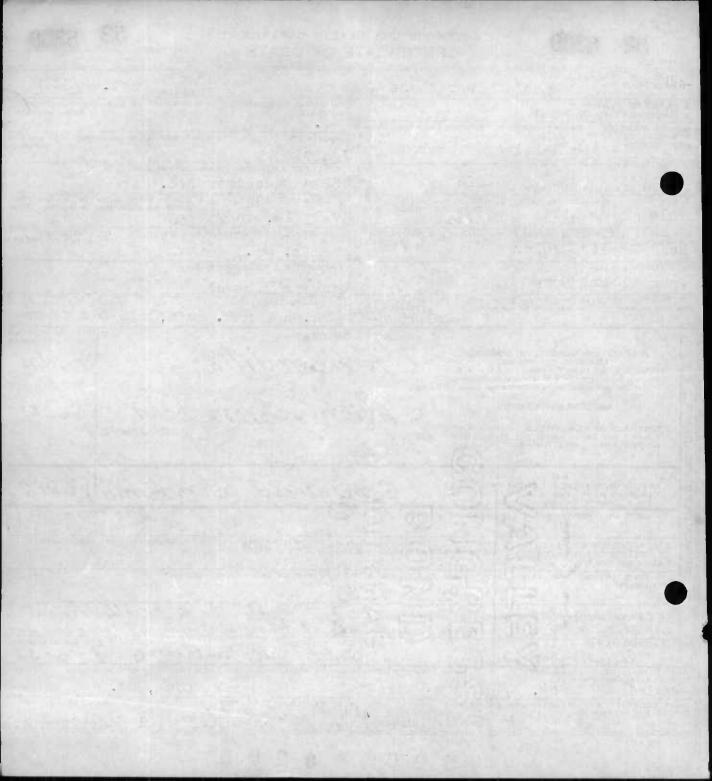
	IRTH NO.		
	NAME OF DECEASED (Type or Print) (Floris) FLORA M. KENDRIC	K 2. DATE OF DEATH Septembe	r 4, 1952
A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	
H	FULL NAME OF f not in hospital or institution, give street address or OSPITAL OR location)	Maryland C. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give
11	St. Agnes Hospital	Baltimore 25-4	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	1
	ongth of stay in Baltimore 7yrs Mos. Days	802 Primson Avenue	
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under	1 Year If Under 24 Hours
1	Female White MIDOWED DIVORCED (Specify)		
WOI	DA. USUAL OCCUPATION (Give kind of kaone during most of working life, even if retired) WIN HOME INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	WHAT COUNTRY
1:	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Wilford A. Sevigny	Rena H. Witham	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SECURITY NO	17. INFORMANT ADDR	
		r. George J. Kendrick, 802	Primson A
	18. E 8 /2. 4. CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSE! AND DEATH
	(A)	fracture	***************************************
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ral hemorrhage	
1	ANTECEDENT CAUSES	achnoid hemorrhage	
1	(B) Contu	sion of brain	
ō	The state of the s	ured pelvis	
AT	UNDERLYING CONDITION LAST. (C)Compo	ound comminuted fractures of both	
RTIFICATION		tivia and troma	
E	OTHER SIGNIFICANT CONDITIONS CON-		
ш	TO THE DISEASE OR CONDITION CAUSING IT.		
0	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	PATION	20. AUTOPSY?
AL.	21A. FXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., t	n or 21c. WHERE DID (If in Baltimore City, give	YES X NO
DIC	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	05.11
Ш	UTING CAUSE OF DEATH. Street	Wilkens Avenue and Primson A	venue - '
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		470
	Sept. 3, 1952 10:30 P. WHILE AT WORK AT WORK	AA	
	22 . I certify that I took charge of the remains described a	above, held an Autopsy the Autopsy, Inspection or Inquiry	icreon and from
	the evidence obtained by said Autopsy, Inspection or I	Inquiry, find that said deceased died on the de	ay stated above,
	and death in my opinion resulted from: natural causes	23B. CHIEF MEDICAL EXAMINER	
	11/1/11/11/11/11	ASSISTANT MEDICAL EXAMINER	t. 4. 1952
2	4A. BURIAL, CREMA-1 248 DATE / 124C NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or co	
TI	Burial Sept. 8/52 Loudon Pk.	Baltimore 29, ud.	
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	,	DRESS
1 -	DCAL REGISTRAR Huntington Williams Man	arms H. historial amonds	on a
= V	2	The state of the s	40
11	3 DI N 804.2 1 4 5 3 0 ;	100 8 200 4	4

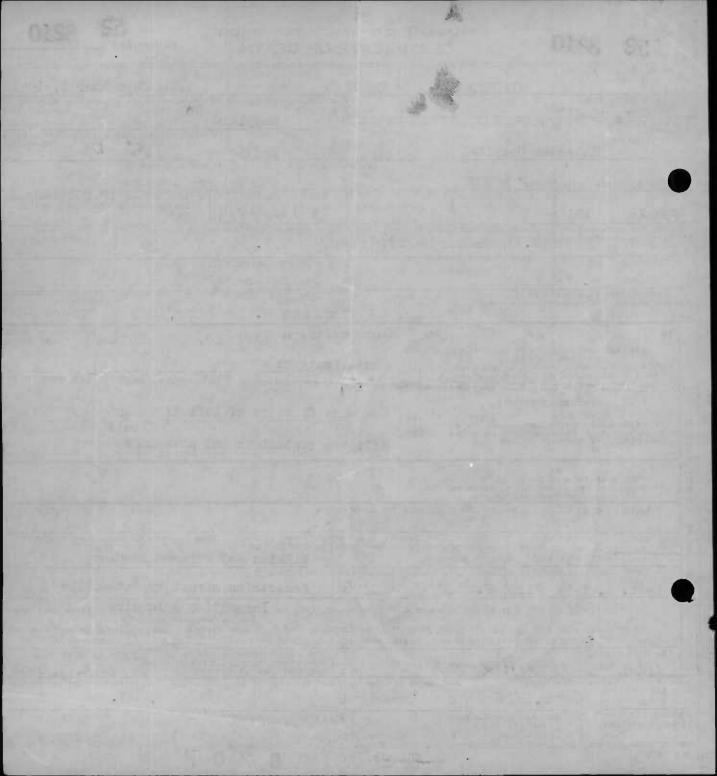


8	00						
	2)		BAL	TIMORE CITY HE	EALTH DEPARTMENT	52	8088
ВП	RTH NO.2	82.08	34 18	CERTIFICAT	E OF DEATH	Registered No.	
	NAME OF D	IR. JOHN	FRANCE	IS HOCK		2. DATE OF DEATH SEPT.	3.1952
	Baltimore C				4. USUAL RESIDENCE (V	where deceased lived. If inst	itution : residence before admission)
HC	FULL NAME	OF (If not in hosp	ital or instituti	on, give street address or location)	C. CITY OR TOWN (If	outside corporate limits, w	
UN	STITUTION ME	MORIAL H	DSPITA	_	BALTIMORE	12-0	township)
c.	Lingth of s	tay in Baltimore	I	Yrs. Mos. Days	4205 NORTH	rural, give location) CHARUES S	TREET
5. N	SEX 1A/E	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If Under last birthday) Months	1 Year II Under 24 hours Days Hours Min.
		CUPATION (Give kind of working life, even if retired		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreigh country) 12.	CITIZEN OF
			V.F. HOG	KPAPER CO.	MARYLANI	8 0	S.A.
10	PHN A	PANCIS HO	CK	n/	MARY (UNKN)	own)	
15 (Yes	. WAS DECEASE	D EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tos of service)	16. SOCIAL SECURITY NO.	17. INFORMANT HENRY F HOCK	(SON) 4205 N.	Charles St
	18. 45	2.0		CAUSE	OF DEATH	(SO/F) TROOF IN	INTERVAL BETWEEN DNSET AND DEATH
		E OR CONDITION	ATH	a.	which at	- · lucio	
	heart failu	not mean the mode re, asthenia, etc. It me complication which	eans the diseas	e,	and the arm	Market Const	
		ANTECEDENT CAL	JSES				
ON		OR CONDITIONS,					
ERTIFICATION		ING CONDITION		(C)			
TIFI		11					
CER	TRIBUTING	IGNIFICANT CONS TO THE DEATH, BUISEASE DR CONDITIE	T NOT RELATE	D			
	The second second second	F OPERATION		FINDINGS OF OPER	RATION	+ +	20. AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER-		CE OF INJURY (e. g.,		If in Baltimore City, give	exact location)
MED	LYING OF	R CONTRIBUTING[DEATH	about home,	arm, factory, street, office bldg.,			
	ID. TIME	(Month) (Day) (Yea		21E. INJURY OCCURE WHILE AT NOT WHILE		Y OCCUR?	
	22. I horoh	u certify that I a		deceased from AUC	5: //	PT. 3. 1952	hat I last saw the
	deceased a	live on SEPT. 3	,,1952	and that death occu	rred at 9:03 Am., from t	the causes and on the	date stated above.
	23 MEIGNA	MILC X	whha	trul M.D.	Main Menoris	l Housetal?	Lint-3.1952
24	A. BURIAL.	Specifyl	- 12/2	24c. NAME OF CEMETE		OCATION Wity, town, or	county) (State)
D	ATE RECEIVE	D BY REGISTRA	6/52		e Cemetery Pik		DDRESS
	FP 5 1		aton W.	lliques MR	Janua V. Wit	124101 Edmon	ndson Ave.
	V\$ 150			5 550	78820	5	
			3	00/			



2 M. 200 52 8209 BALTIMORE CITY HE CERTIFICATI	n i i i i i i i i i i i i i i i i i i i				
BIRTH NO.	E OF BEATH				
1. NAME OF DECEASED (Type or Print) George Edward Muse	2. DATE OF Sept. 2/52				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION South Baltimore eneral Hpsp	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
c. Igth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3528 Edmondson Ave.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	July 14, 1889 9. AGE (in years of Under 1 Year Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Id.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
John Albert Muse	Barbara Michael				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or umhnown) (If yea, give war or dates of service) 16. SOCIAL 220 18 5436	17. INFORMANT ADDRESS				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) //EY/COYOITS MONTHS MONTHS (A) //EY/COYOITS DUE TO (B) //TEY/OSC/EYOSIS // NEAT YEARS (C) // O'SCOSC/ (C)					
TO THE DISEASE OR CONDITION CAUSING IT.	eralized scleroderma years				
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION /20. AUTOPSY?				
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY MHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from 2	2 - 1952, to 9 - 2 - , 19 52 that I last saw the				
	rred at 8.44m., from the causes and on the date stated above.				
Wulbonway M.D. 8	South Ballo Gent Hosp 9-2-52				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Specify) Sept. 6/52- New Cathedra	(C) (C)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR TURE Williams Lington	Farry H. Withfre 4101 Edmondson Ave				
VS 150	8 2 0 6				

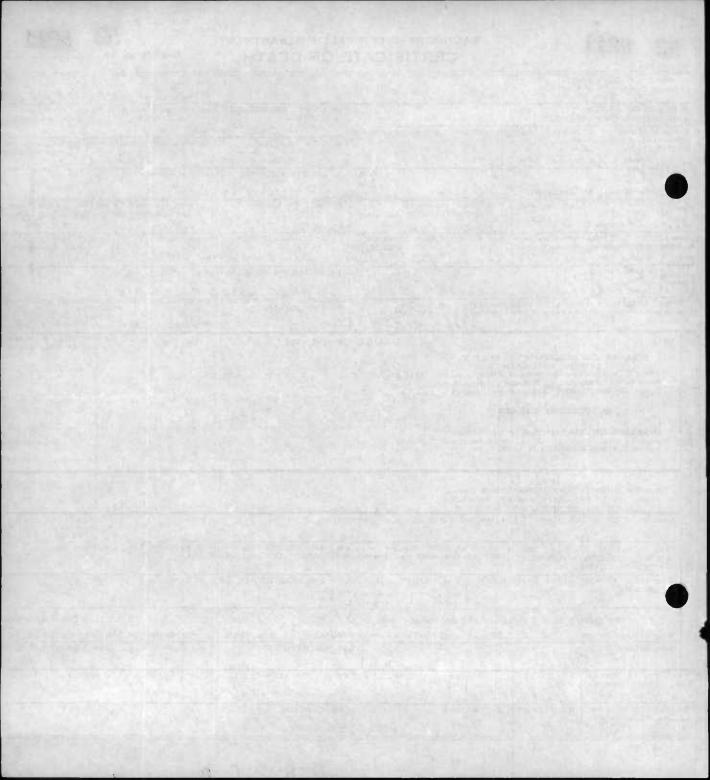




BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8211

	RTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1.	NAME OF DECEASED	1 11 12	1	2. DATE	. /
(T)	pe or Tilt alter	le ollins)		OF DEATH Sele	13-1952
	PLACE OF DEATH:	hd	4. USUAL RESIDENCE (W	ere deceased lived. If i	
	Baltimore City, Maryla FULL NAME OF (If not/i	ynd in hospital or institution, give street address o	A. STATE and lan	B. COUNTY	before admission)
HO	SPITAL OR STITUTION	location			, write RURAL and give
1	3000 Dar	by St	1 Saltimore	13.	- O Stownship)
		Yrs.	D. STREET ADDRESS (If po	ral, give location)	
d	ngth of stay in Baltin	more of the Days	3000 Darly	1 St.	
5.	SEX 6. COLOR OR	RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours ths: Days Hours Min.
K	Male I hu	Married (Specify	Dec 8-1881	70	Tours Days Hours, Will.
10/	done during months working life, even		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
Re	tired Lather	ifretired) INDUSTRY	Marylan	1	WHAT COUNTRY?
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAI	ME	
	Thellie	Collins 1	Mary & Enra	2	
15.	WAS DECEASED EVER IN U. S		17. INFORMANT	AL	DDRESS
(100,	nn nr unknnwn) (If yes, give we	er or dates of service) 216-10-5594	Mrs Ellina Va	Chux 3000	- // //
1	18. 11.22.2	CAUSE	OF DEATH	0-0-	INTERVAL BETWEEN
	DISEASE OR COND				ONSET AND DEATH
	LEADING TO	O DEATH	Carling Land	1he	30 min.
	heart failure, asthonia, etc	c. It means the disease,		(411) (1111)	
		An.			2
7	ANTECEDENT	T CAUSES	nic my Grand	elis	
õ	DISEASES OR CONDITI	IONS, IF ANY, GIVING		***************************************	
CATION	UNDERLYING CONDIT	TION LAST.			
FIC.		(C)		***************************************	
	OTHER SIGNIFICANT	COMPATIONS CON			
ERTI	OTHER SIGNIFICANT TRIBUTING TO THE DEAT	H, BUT NOT RELATED			
U.	19A. DATE OF OPERATION		RATION		20. AUTOPSY?
AL		0			YES NO
EDICAL	21A. ACCIDENT WAS UN			in Baltimore City, g	
	LYING OR CONTRIBUT	FING about hume, farm, factory, street, nffice bldg.	,etc.) INJURY OCCUR?		
Σ.	21D. TIME (Month) (Day)	(Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
	FINJURY	m. WHILE AT NOT WHILE			
	22. I hereby certify the	at I attended the deceased from	3/24 1950to	9-3 195	Ithat I last saw the
	deceased alive on 9-		Live 15		
-	23A. SIGNATURE		23B ADDRESS	1	23c. DATE SIGNED
	1000	Den AOHSTON M.D.	866CU 36	2 4.	4-4-52
	N. REMOVAL (Specify)	DATE 24G. NAME OF CEMETI	ERY OR CREMATORY 248. LO	CATION (City, town,	or county) (State)
1	Surval Ses	16-1902 St Mary	Hampden) Da	ellimore	Md
	TE RECEIVED BY REGIS	STRAR'S SIGNATURE	25. FUNERAL DIRECTOR	2 /1/5/4	ADDRESS
SE	P 5 1952 Hunt	inston Williams 1800	Hrand Apeir	814406	Oh.
	VS 150	0			
		19526	94 2% 200		
		40 6m 30			

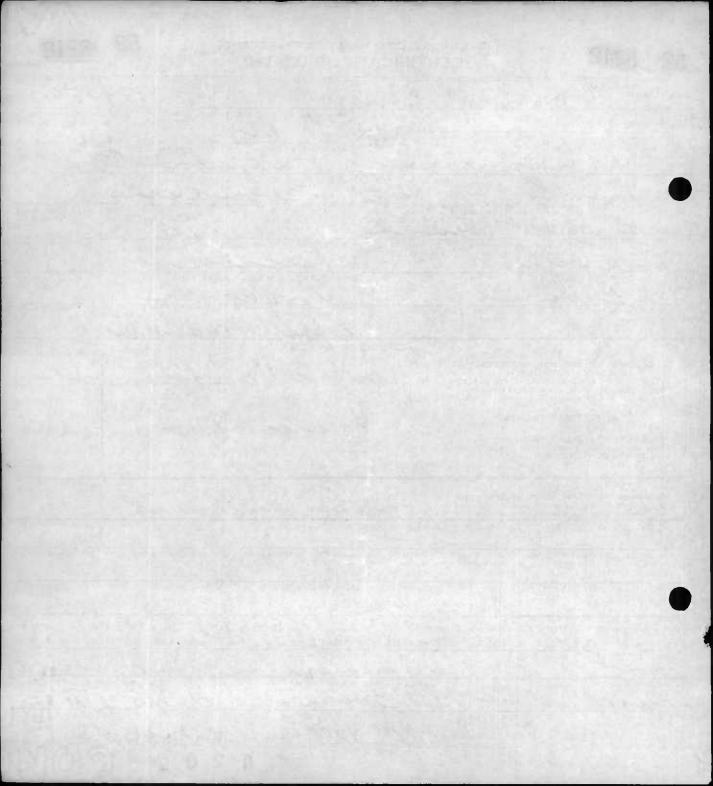


52 BIRTH NO.	8212
1. NAME O	F DECEAS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8212 Registered No. 8212

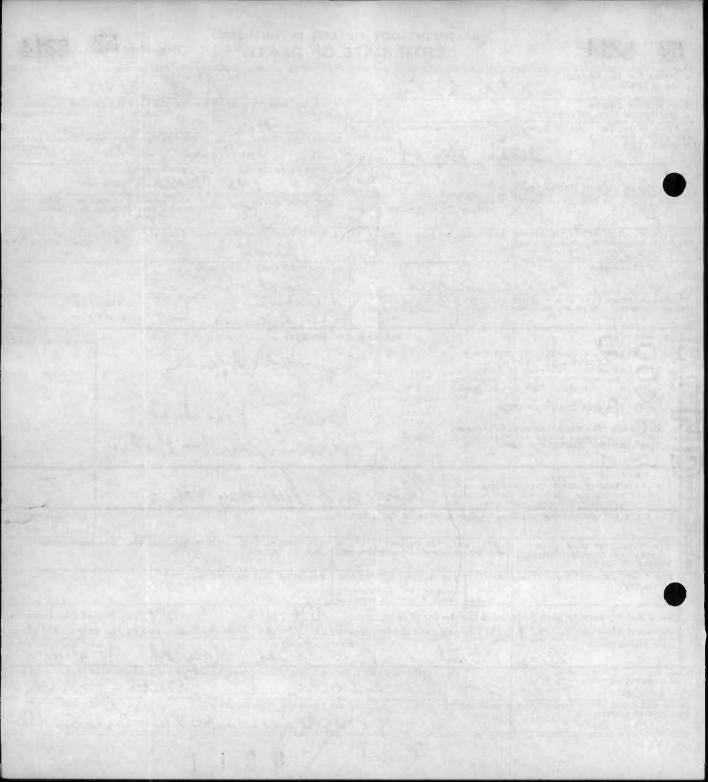
BIRTH	I NO.									
	ME OF DE	CEASED	s Jaro	rh	Berl	in		2. DATE OF DEATH	-4-5	-2
	ace of De ltimore C	ity, Maryland				A. STATE	ESIDENCE W	here deceased lived. B. COUNTY		residence ore admission)
HOSP	LL NAME OF TUTION	OF (If not in	hospital or institut	1 0	street address o		TOWN (If	outside corporate li	mits, write RU	RAL and give
			0000		Yrs.	O. STREET A	DDRESS (If r	ural, give location)		-
c	ngth of st	ay in Baltimo			Yo Mos.	1 Le	ven	dale	2	
eu	eale	6. COLOR OR R	WIDOV	VED. DIV	ORCED (Specify		BIRTH	9. AGE (In years	Months Days	H Under 24 Hours Hours Min.
10A. L	SUAL OCC	CUPATION (Give working life, even if)	kind of 108, KINI	O OF BU	SINESS OR INDUSTR		ACE (State or for	reign country)	12. CITIZ WHA	EN OF T COUNTRY?
13. FA	ATHER'S N	AME		1011		14. MOTHER	S MAIDEN NA	ME		
a	021	wou				wor	Kuo	ou	,	
(Yes, no	or unknown)	D EVER IN U.S. (If you, give war	ARMED FORCES? or dates of service)	16. SC SE	CURITY NO.	Karka	el He	udelsof	ADDRESS	
18	. 330	2x am	d 260X		CAUSE	OF DEATH				ANO DEATH
		LEADING TO	ION DIRECTLY		Cou	O Runo	1/heren	. Ren.	. 30	000.00
	heart failur	e, asthenia, etc.]	node of dying, e. It means the diseas	se.	(A)				· · · · · · · · · · · · · · · · · · ·	
			nich caused death	a.) DO	Е ТО	1 .	0			
z		ANTECEDENT			В)	Here	oscle	room	y	ean
일	RISE TO TH	HE ABOVE CAUSI	NS, IF ANY, GIVII		E TO				0	
CA	UNDERLI	ING CONDITIO	DIN LAST.	((C)	*******************************	**********************	***************		••••••
E -		11			R-	1				
田田	TRIBUTING	TO THE OEATH,	ONDITIONS CO	EO	Diale	etes	mell	ituo		
19		F OPERATION	198. MAJOF		NGS OF OPE	RATION			20.	AUTOPSYY
CAL									YES	NO NO
D L		ENT WAS UND CONTRIBUTION CEATH			INJURY (e. g., ry,street,office bldg.			f in Baltimore Cit	y, give exact	location)
	IO, TIME (Month) (Day)	(Year) (Hour)		JURY OCCUR		V DID INJURY	OCCUR?	First His	
			m.	WHILE AT	NOT WHILI AT WORK		pag. 23			
		17 1	I attended the			- 16	1954, to 9		52, that I	
	eceased al Ba. SIGNAT		, 19524,	and the		rred at	o_m., from th	re causes and or		tated above.
) Puon		Mun	her	A M. D.	Llow	dale	Rome	9-	4-52
ZAA. TION	BURIAL, C	REMA- 24B. D.	ATE	245 NA	ME OF CEMET	ERY OR CREMA	TORY 240. LC	CATION (City, to	wn, or county)	(State)
M	rua	L 7-6	1-4-5	111	i Ca	THE FUNERAL	DIRECTOR	Dano	ADDRES	na
	RECEIVED	RARLL	TRAR'S SIGNAT	I A // IA	- M.P.	KINERA	DIRECTOR	e 71006	Post Con	5/2
SE	P 5 1	957 Junta	D IM	Marin .	8 4	Yourch	cuci/k	CALED	ren ou	
	VS 150		di.	3	13 001	1 11 1	0 0			



4	00										
В	52 82 IRTH NO.	13			OF DEATH		Registered	PNo_	3213		
	NAME OF DI		ADOI	8E	10 hA		OF 9	- 4	-VZ	_	
	PLACE OF DI Baltimore C					4. USUAL RESIDEN			If institu	ition : residen before admi	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	tal or institutio	n, give street add	c. CITY OR TOWN	(If outsi	de corporate li	mits, writ		nd give nship)	
8			vare	13	o, STREET ADDIVES	S (If rural	give beation)	/ /	THE)	
congth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED Specify					8. DATE OF BIRTH		AGE (In years last birthday)				
10	MUSUALOC	CUPATION (Give kind n	ma	rued		11. BIRTHPLACE (Sta		63	-	ITIZEN OF	
10a USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)						austr	w	Country		VHAT COUN	
13	MAL A	LAINE CALLERY		1	14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.						17 INFORMANT	Tiple	11 -	ADDRE	ss	,
CATION	(This does heart failu injury or DISEASES	GE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A)	ATH of dying, e. g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE	(A)	an		1 Sto	weel		NTERVAL BET	
CERTIFIC	TRIBUTING	II IGNIFICANT COND TO THE OEATH, BUT	NOT RELATED								
AL	AML A	OF OPERATION 1952	19B. MAJOR	PLINDINGS DE	OPER	ation.	of Sh	made		20. AUTOP	SY7
EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY m, factory, street, offi				Baltimore City	y, give e	xact location	1)
Σ	210. TIME ((Month) (Day) (Year	W		CURRET WHILE	D 21F. HOW DID I	NJURY OC	CUR?			
	deceased al			leceased from nd that death	occur	red att 17 m., f	to 9	uses and or	the da		above
	23A. SIGNAT	4.4.0	no		. o.	3B. ADDRESS	, Cali	ent I	23	- 4 -5	2
71 TI	ON REMOVAL (S	CREMA- 24B. DATE pecify) 9	952	Handa OF CI	emeter Lla	RY OR CREMATORY	24D. LOCA	CON (City, to	wn, or co	unty) (S	State)
	ATE RECEIVE		s signatur	1	Min	25. FUNERAL DIRECT	De -	-2100	SADE	DRESS /	L.
	VS 150	.,	0	195	137	2508	2	0			7

hearn conto

3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) A STATE A. STATE	150									
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C. CITY OR TOWN Cit outside corporate light, write RUIRLA and give township) Such that Such th	3. PLACE OF DEATH: A. Baltimore City, Maryland									
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Y. INFORMANT The deceased ever in the second of the se		WHAT COUNTRY?								
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The second secon	Israel Tederman	ana								
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 314, 1951, to 344, 1951, that I last saw the deceased alive on 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,									
deceased alive on 14, 1952, and that death occurred at 41 am., from the causes and on the date stated above 23a. SIGNATURE 23a. SIGNATURE 23b. ADDRESS 23c. DATE/SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 10c. CEMA- 24b. DATE 10c. CEMA- 24b. DATE 10c. CEMA- 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 10c. CEMA- 24b. DATE 10c. CEMA- 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 10c. CEMA- 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 10c. CEMA- 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 10c. CEMA- 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE									
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24A, BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE M. D. SIMM HOUND 1945 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) COLUMN COLUMN City, town, or county) ADDRESS Column City, town, or county)										
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Mrs Willer M.O.	finds flower 1/4/50								
DATE RECEIVED BY REGISTRAR'S SIGNATURE /25. FUNERAL DIRECTOR . ADDRESS	TION REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)								
		15. FUNERAL DIRECTOR ADDRESS								



BALTIMORE CITY HEALTH DEPARTMENT

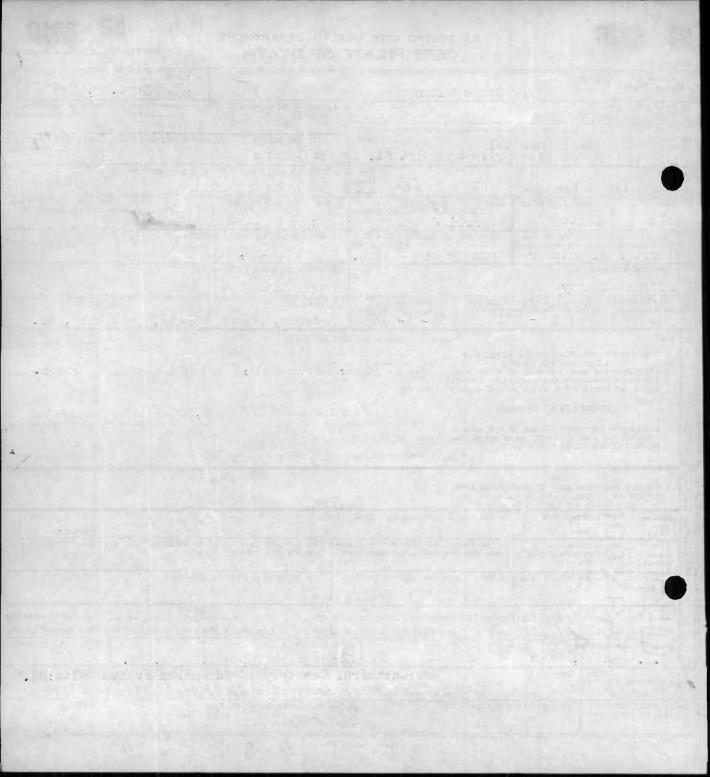
151974 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Pink Brooks DEATH Sept. 1, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OF Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 10 month os. 237 N. Fulton Avenue-23 c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years If Under I Year II Under 24 Hours last birthday) Months; Days Hours Min. Il Under 24 Hours WIDOWED, DIVORCED (Specify) Mala Negro Married 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of porking life, even if retired) INDUSTRY WHAT COUNTRY? N. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Brooks Florence Cox 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 1 yr. LEADING TO DEATH Cerebral Vascular Accident (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive Cardio vascular disease 3 yrs. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) NOT WHILE WHILE AT AT WORK WORK that I last saw the 22. I hereby certify that I attended the deceased from 19___ . to_ 1952 and that death occurred 5:251 m., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 4940 Eastern Avenue 60 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR also love

Edward Street Batter and the second second AND SEASON OF THE PROPERTY OF THE PROPERTY. being that we will be a second

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

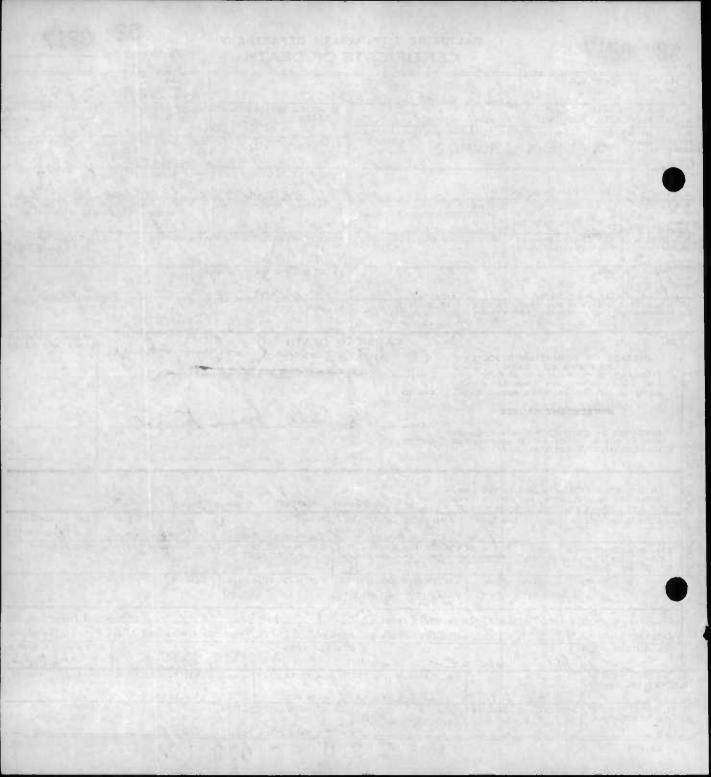
52 8216 Registered No. 128833

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Sept. 3, 1952 Harry James Mahoney 4. USUAL RESIDENCE (Where deceased lived. If institution: residence S. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give USPHS Hospital INSTITUTION Baltimore Wyman Park Drive and 31st St. D. STREET ADDRESS (If rural, give location) 1507 Finsor Street c. cength of stay in Baltimore 8. DATE OF BIRTH 9. AGE (In years) If Under I Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED Months Days Hours Min. WIDOWED, DIVORCED (Specify) last birthday Male White Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Whishing ton, DC Flevator dispatcher Bldg-Balto. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Mahoney Mary Ellison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 216-05-8253 - USA Records, USPHS Hospita, Baltimore, Md. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cancer, right lung, with metastases (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Pneumonia with effusion, left lung RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., In or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE WORK , 19__, to_9/3/52 22. I hereby certify that I attended the deceased from_ ., 19___, that I last saw the and that death occurred at 8:35 am., from the causes and on the date stated above. deceased alive on 23C, DATE SIGNED 23A, SIGNATURE ector J.A. Hunter M. D. USPHS Hospital, Baltimore. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24cNewsCathedrey Cenetury 24mansaden Avenus Bulto: Md Duna 5. FUNERAL DISECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR untinglow VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL (hvings Mi stownship) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. Days 6. COLOR-OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10-30.0 LAL IOA. USUAL OCCUPATION (Give kind of IOA. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME suran asix 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. HOPKINS HOSPITAL ~ INTERVAL BETWEEN 237 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS traces 21c. WHERE DID (If in Baltimore City, give exact location) 21B. FLACE OF INJURY (e. g., in or about home, farm, factory, street, once hidg., etc.) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 8 - 29-195%-to 19 that I last saw the deceased alive on 9 - 4 - 195 2 and that death occurred at 11 of m. from the causes and on the date stated above. 23B. ADDRESS HOPKINS HOSPITAL 23c. DATE SIGNED 23A. SIGNATURE M. D. 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248, DATE Sept. 7.1952 Lutheran Burial em. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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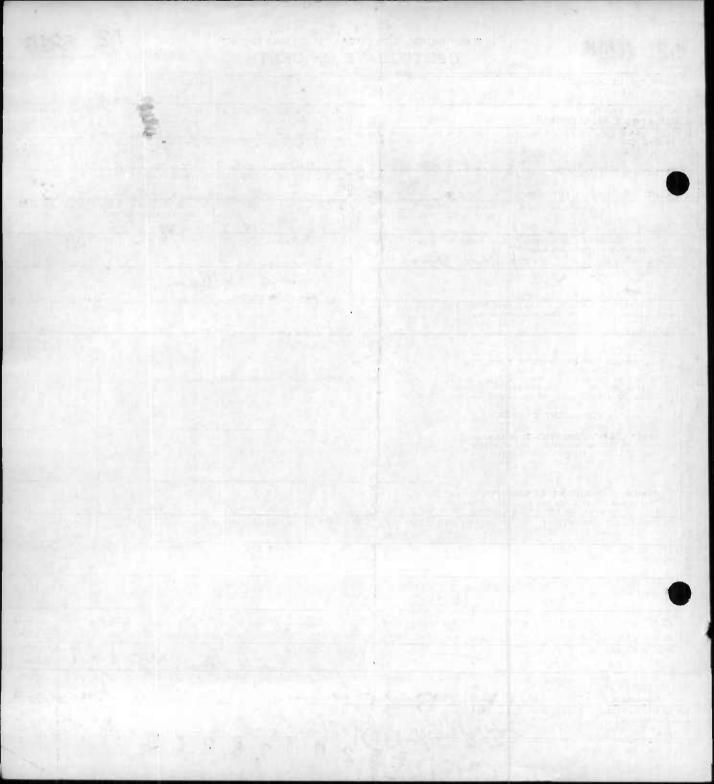


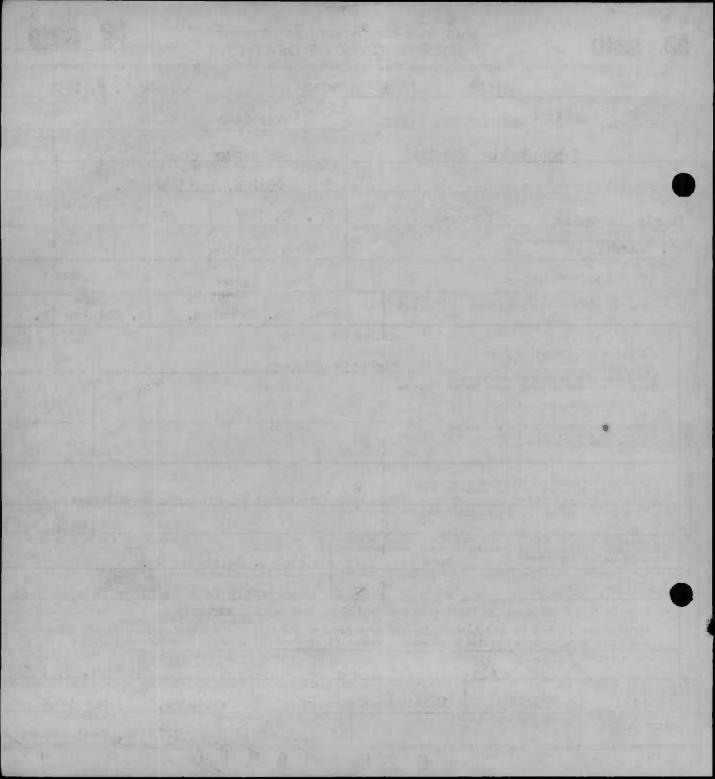
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BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 8218

BIRTH NO.		LICITI ICATI	OI DEATH		
1. NAME OF DECEASED				2. DATE	
(Type or Print)	Schis	sler		OF DEATH 9	-4-5-2
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE A. STATE	E (Where deceased lived, I B. COUNTY	f institution ; residence before admission)
	l or institution	n, give street address or location)	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
H Marybad E	neral	14000	Battimo	7-6	7 ,
c. Length of stay in Baltimore		Mos. Days	D. STREET ADDRESS	(If rural, give location)	
5. SEX 6. COLOR OR RACE	7. SINGLE,	MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year Il Under 24 Nours
Female w		D, DIVORCED (Specify)	17arch 6,19		onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF
vork done during most of working life, even if retired)	Que	INDUSTRY	Battimor		WHAT COUNTRY
13. FATHER'S NAME		01 77 702	14. MOTHER'S MAIDE	N NAME	1 0.0.4
Harry Roberts			many c.	Wilson	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnknown) (11 yes, give war or dates	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Cla Kapus.	or service)	SECURITY NO.	1753. F	Tandan	Makaswa.
		CALISE	OF DEATH	10-00-0	INTERVAL BETWEEN
18. 420.1		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION I	H				
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which co	as the disease.		oct was		
ANTECEDENT CAUS	ES				
DISEASES OR CONDITIONS, IF		(B)			
DISEASES OR CONDITIONS, IF	STATING THE				
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	ST.				
<u> </u>		(C)			
OTHER SIGNIFICANT CONDI	TIONS CON-				
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				
19A. DATE OF OPERATION 15			ATION		20. ATTOPSY?
					YES NO L
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		E OF INJURY (e. g., ii m, factory, street, office bldg., e		(If in Baltimore City,	give exact location)
YID. TIME (Month) (Day) (Year)	(Hour) 2	IE. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
FINURY	W	HILE AT NOT WHILE			
22. I hereby certify that I att	ended the d	leceased from 9-	2-5-2,19,	0 9-4 , 19.	that I last saw th
deceased alive on 9-3 -	, 19 52 , a	nd that death occur	red at 1 7 m., fr	om the causes and on	the date stated above
23A, SIGNATURE	1	- 13	ADDRESS	I See Host	9/4/52
24A. BURIAL, CREMA- 24B DATE	2.	4C NAME OF CEMETE	RY OR CHEMATORY 2	4D. LOCATION (City, tow	n, of gounty) (State)
TION, REMOVAL (Specify)		Enstains (amo Pens	Wood Parm	Manuland
DATE RECEIVED BY REGISTRAR'S	SIGNATUE	RE.	25. FUNERAL DIREC	TOR	ADDRESS
LOCAL REGISTRAR	nton /	Illiams M.D.	Wm. Gook	26.1/2/7	Il. Paul It
SIF J IQQLI	7	www.		0 7 1 5	V-V-
VS 150		1 9 5	2 0 0 11	8 2 1 9	

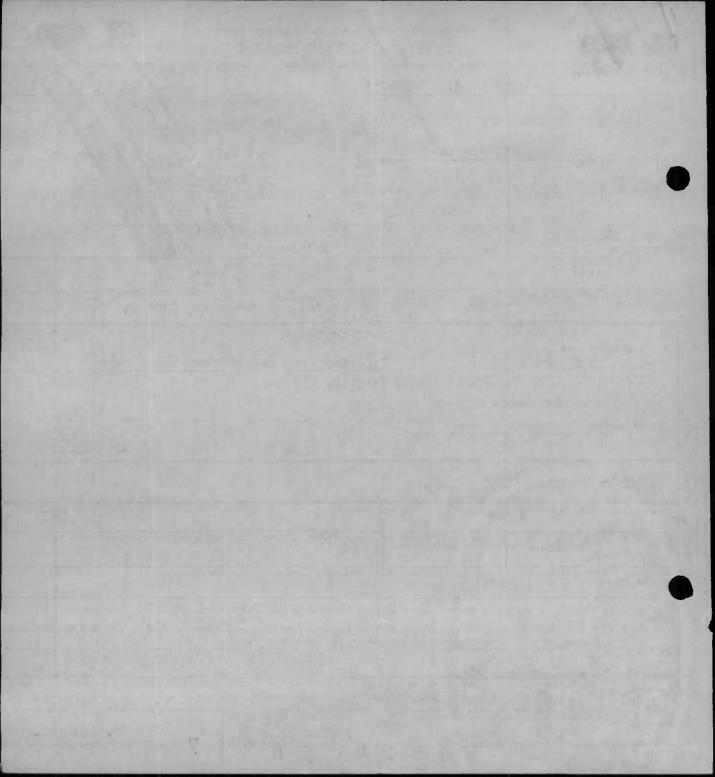




8220

BALTIMORE CITY HEALTH DEPARTMENT 52 CERTIFICATE OF DEATH Registered No. 8220

BIRTH NO.	TIFICATE	OF DEATH		
1. NAME OF DECEASED (Type or Print) MARY A.	TRACY		2. DATE OF	tombon / 1050
3. PLACE OF DEATH:	IRACI	4. USUAL RESIDENCE		tember 4, 1952
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission
B. FULL NAME OF Tr not in hospital or institution, giv	ve street address or location)	Marylan		nits, write RURAL and give
St. Joseph's Hospital		Baltimo		township
	Yrs.	D. STREET ADDRESS		
length of stay in Baltimore	Mos. Days	937 Val	ley Street	
Female White 7. SINGLE. MAR WIDOWED.DI	RRIED.	Feb. 187'	9. AGE (In years last birthday)	If Under 1 Year II Under 24 Hours Months Days Hours Min.
IOA. USUAL OCCUPATION (Givekind of 108, KIND OF B		11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF
housewife own home	INDUSTRY	Baltimore, Man	rvland	WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
William C. Adam	1 1 1 1	Margaret E.	byle	
	SECURITY NO.	17. INFORMANT Catherine Schae	efer, 1207 E.	ADDRESS Chase Street
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(A) Hypert	ensive arterios ar disease	crerotic care	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT				
19A. DATE OF OPERATION 19B. MAJOR FIND 21A. EXTERNAL CAUSE WAS 21B. PLACE OF	INGS OF OPERA	TION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	FINJURY (e.g., in ory,street,office bldg.,et		(If in Baltimore City,	, give exact location)
21b. TIME (Month) (Day) (Year) (Hour) 21e. IN OF INJURY nn. WORK	NOT WHILE	D 21F. HOW DID INJU	RY OCCUR?	
the evidence obtained by said Autopsy, I and death in my opinion resulted from: 23A. SIGNATURE	ins described at Inspection or In	Autops; aquiry, find that said Accident , suicident , suicident 238. CHIEF MEDICA	le □, homicide □, _ EXAMINER□ 2	the day stated above
24A. BURIAL, CREMA- 24B. DATE 24C. N.	M.I AME OF CEMETER	ASSISTANT MEDICA	ATOR	Sept. 4. 1952 n, or county) (State)
TION, REMOVAL (Specify) 9/8/52 New hurial	w Cathedra	l Cemetery B	altimore,	Maryl.and
DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	?	
LOCAL REGISTRAR		Am. Cooks In	1217 S	t. Paul St.



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	20	0
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8221

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	8221
Registered No_	

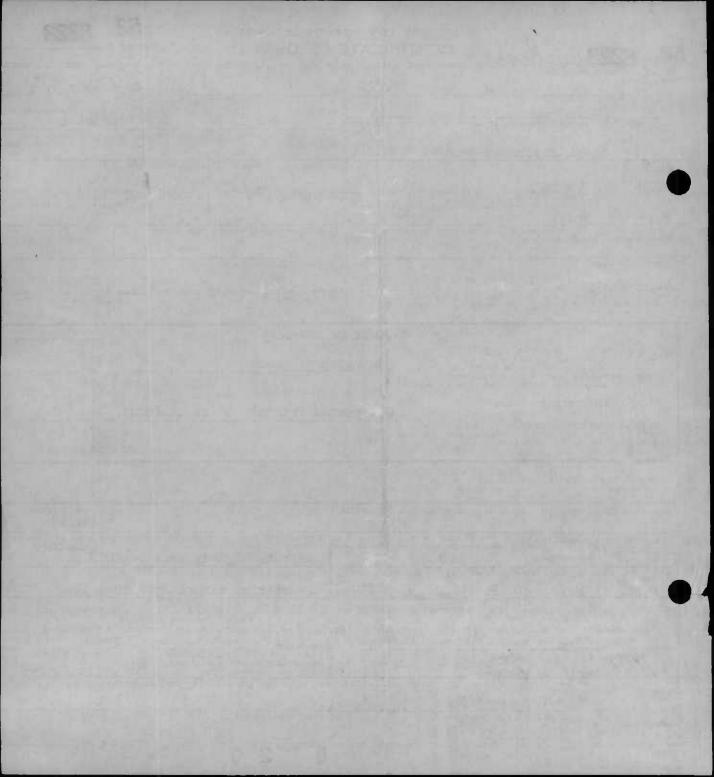
	NAME OF DECEASED Vernon	Young		2. DATE OF Sept. 5, 1952
	PLACE OF DEATH: Baltimore City, Maryland	J	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institut	tion, give street address or location)		f outside corporate limits, write RURAL and give
11/	STITUTION University Hos	pital	Baltimore	township)
K	Length of stay in Baltimore Life	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)
_	SEX 16. COLOR OF RACE 7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if Under 1 Year if Under 24 Hours last Wirthday) Months: Days Hours; Min.
-	/* W /*/	arried	Jau. 13, 1915	378
worl	A. USUAL OCCUPATION (Givekind of done daring most of working life, even if retired)	Map Service	Mary and	oreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	100 00. 7100	14. MOTHER'S MAIDEN N	
1.5	Howard Young		Harriet	Smith
(Ye	. WAS DECEASED EVER IN U.S. ARMED TO RCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS Same
	18. 1934	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0	1 1 1 1 2 2	. // /
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease	se,	ral polar s	oongioblastoma 14 mo.
	injury or complication which caused death	n.) DUE TO		
z	ANTECEDENT CAUSES	(B)		
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	NG HE DUE TO		
ICA	CREEKE MO CONSTITUTE EAST.	(C)		
RTIF	OTHER SIGNIFICANT CONDITIONS CO	N-		
CEF	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED		
7	19A DATE OF OPERATION 198 MAJOR	FINDINGS OF OPER	ATION CARLETAL F	20. AUTOPSY?
DICA	21A. ACCIDENT WAS UNDER. 21B. PL.	ACE OF INJURY (e. g., i		Mn Baltimore City, give exact location)
MEL	LYING OR CONTRIBUTING about home,	farm, factory, street, office bldg.,		
	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE	THE RELATION OF THE PARTY OF TH	Y OCCUR?
	m.	WORK AT WORK	of 2 152.5	ept. 5 , 1957 that I last saw the
	22. I hereby certify that I attended the deceased alive on 3 4, 1952	and that death occur	rred at 2 A.m., from	the causes and on the date stated above.
	23A. STENATIONE		23B. ADDRESS	23c. DATE SIGNED
2.	A. BURIAL, CREMA- 24BOATE	M. D.	RY OR CREMATORY 24D. L	CATION (City, town, or county) (State)
TI	Signational (Specify) /8/52	LOUDON PI	(Cemeleny 7.	rederick ave
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OF P. 5 1932 Huntington	Villiams Miss	25 FUNERAL ERECTOR	hand his Address
=	VS 150		The state of the s	1 0
1	114		DILIM O B Z	. 0

1300	
BALTIMORE CITY HI	EALTH DEPARTMENT 50
	E OF DEATH Registered No. 8222
1. NAME OF DECEASED (Type or Print)	2. DATE OF 9/3/52
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE BCOUNTY before admission
INSTITUTION () location)	C. CVI OR TOWN (If outside corporate limits, write RUP, L and give
ONIVERSITY HOSPITAL	DALTIMORE L3-00 township
Vrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) It linder 1 Year 1 H linder 24 Hours
F NEGRO WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years lift Under 1 Year Months) Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
INFAN	MARYCAND USH
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEMBED IN IN A SECTION OF THE PROPERTY OF THE PROPERT	LAURA DAVIS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 571.0 , CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	1ARHEA 831-9/3
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	REBRAL THROW BOSIS
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ENGLEW DESTS
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	VE I I I I I I I I I I I I I I I I I I I
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in bout home, farm, factory, street, office bidg., stre	n or 21c. WHERE DID (If in Baltimore City, give exact location)
S CAUSE OF BEATH 100 HECIDED 7. 10 L	VILPS NO INJURI
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that Lattended the deceased from 9	1/2 21952, to 9/3 , 1952 that I last saw the
deceased alive on 9/3, 1957, and that death occur	red at I pm., from the causes and on the date stated above.
D (2) 12/20	3B. ADDRESS 23C. DATE SIGNED 9/3/52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
Bureal 9/6/52 mt Califar	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 10 2-21 ADDRESS
SEP 5 1952 Huntington Walliams, his	J. S. Brown & Son-montgomery St
VS 150	30000

death elearly and legibly.

• THE THE PARTY OF T

()	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) JAMES GOLDEN	2. DATE OF DEATH September 3, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF "I not in hospital or institution, give street address	A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission Anne Arundel
HOSPITAL OR location INSTITUTION South Baltimore General Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township
ength of stay in Baltimore Yrs Moss Day	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Male White Second Sec	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hour
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN M. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (Mr yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Bankley
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	nuted fracture of right femur
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION	ERATION 20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. UTING CAUSE OF DEATH. 21b. PLACE OF INJURY (e.g. about home, farm, factory, atreet, office bidge than the control of the	, in or special control of the contr
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural caus	above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated aboves \square , accident \square , suicide \square , homicide \square , undetermined \square .
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMET	238. CHIEF MEDICAL EXAMINER
VS 151 N 821	0 8 2 2 0 Home 2000 Colour



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years) II Under I Year II Under 24 Hours last birthday) Months; Daye | Hours: Min. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) TNDDSTRY WHAT COUNTRY? salvaniam 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME STeel Allala 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detec of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart fnilure, asthenia, etc. It mcans the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICA

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPS YES (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

NOT WHILE! WHILE AT

AT WORK WORK

21B. PLACE OF INJURY (e. g., In or

about home, farm, factory, street, office bldg., etc.)

195 2 to. , 1952that I last saw the

22. I hereby certify that I attended the deceased from_

Pm., from the causes and on the date stated above. deceased alive on_ 4 1952, and that death occurred at 7 23A. SIGNATURE 23B. ADDRESS

24B. DATE

21c. WHERE DID

INJURY OCCUR?

23C. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATOR

ADDRESS

REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

VS 150

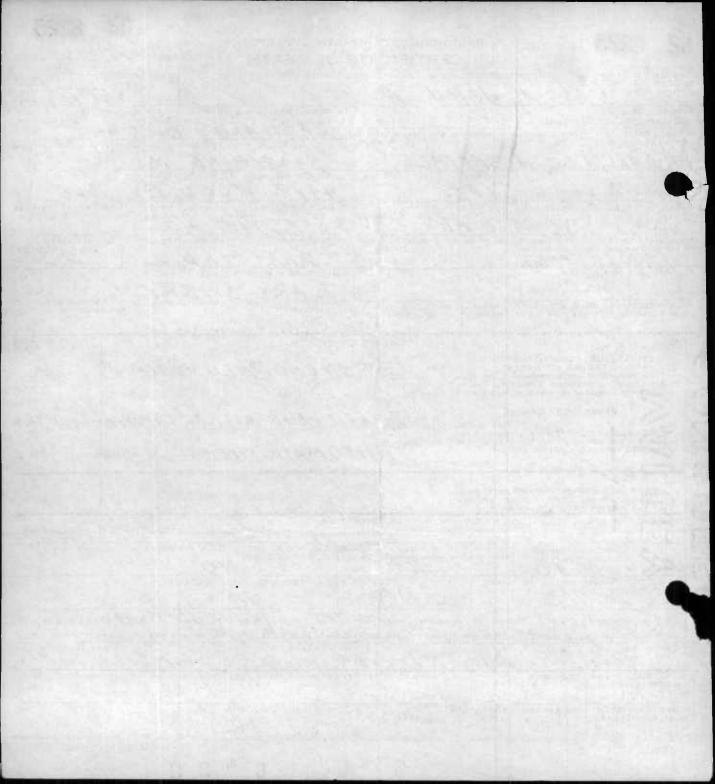
(City, town, or county)

52 8225

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

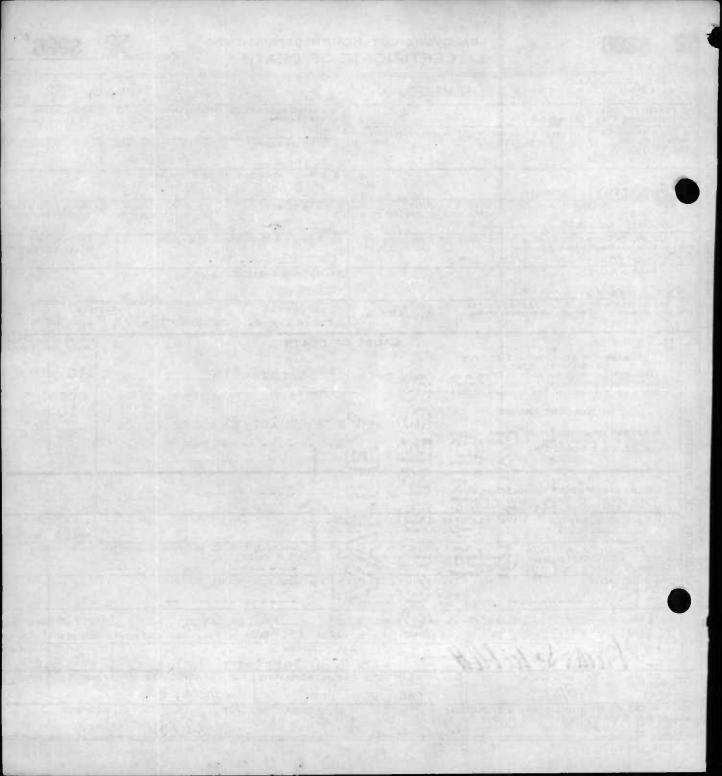
B	RTH NO.			CERTIFICAT	E OF DEATH	regional de	
(T	NAME OF Description (NAME OF Description)	WASSIN	001	HN A		2. DATE OF DEATH	SEP7. 52
	Baltimore	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, 1) B. COUNTY	institution: residence before admission)
В.	FULL NAME		al or instituti	on, give street address of location		D. BACTI	MORE M
	STITUTION	2194 SA 4	Incos		C. CITY OR TOWN	(If outside corporate limi	ts, write RUR (L) nd pick township)
7	AMM	16/N 39.17	OSPI	//72 Yrs.	D. STREET ADDRESS (If rural, give location)	6
C	ngth of	stay in Baltimore	1.1F	Mos.	4418 W	OO DLFV	AVE
5.	SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIRTH	9. AGE (In years	Il Under I Year If Under 24 Hours onths: Days Hours Min.
	M	W	MI	RRIED	3 SEPT. 198	9 42	onths Days Hours Min.
#orl	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	GRAPHER			MARYG	410	05
	AINLK 3	NAME			14. MOTHER'S MAIDEN	0 1	/
15	. WAS DECEAS	ED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	ARREN	
(Ye	s, no or unknown	(If yes, give war or date	s of service)	SECURITY NO.	Calley W.	10011	Delos Co.
	18. 4	9 ×		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION		アカ	AMAKIA MI		CHOCK AND BEATH
	(This doe heart fails	s not mean the mode oure, asthenia, etc. It mea	of dying, e. g	(A)	ONCHOPNI	EUMONIA	/ WK
		complication which					
-	1000	ANTECEDENT CAUS	SES	AOR	TIC AND MI	TRAL INCHE	GREEN ITVES
TION	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	G		111,501	noesg / INS
<		YING CONDITION LA		E DUE TO BIT	EUMATIC H	EART DISE	AST 5 YRS
FIC			1011	(0)			
RTI		II SIGNIFICANT CONDI					
CE		G TO THE DEATH, BUT DISEASE OR CONDITION					
ب	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	214 ACCIE	DENT WAS UNDER	218 PLA	CE OF INJURY (e. g.,	n or 21c. WHERE DID	(If in Baltimore City,	YES NO NO
MED	LYING O		about home, fe	arm, factory, street, office bldg.,		VO	give exact location)
1	D. TIME INJURY	(Month) (Day) (Year)		THE ATT TO THE STATE OF THE STA		RY OCCUR?	
		NO	m.	WORK WORK	NO	0-4	
	22. I hereb	by certify that I att	ended the	deceased from Te	red at 6 A M. from		that I last saw the he date stated above.
	23A. SIGNA		1		3B. ADDRESS		23c. DATE SIGNED
	0	cea m.	Dane	MD- M. D. 70	PRANKLIA SO	HOSP.	4 20752
TIC	ON, REMOVAL (Specify) Lines	152	Holy Rec	leemen 24b.	Barlow (City, town	, or county) (State)
	CAL REGIST		SSIGNATU	Villiavas-, M.	11 LILL THO	n 2004 Q	ADDRESS
_	VS 150				1/	- VV 4 V/V	
				1 457/	84082	2 2	
VENTE.	STATE OF THE OWNER, WHEN PARTY AND PERSONS ASSESSMENT	STATE OF THE PARTY	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Contract of the Contract of th			



with the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT 52 8226

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF D Type or Print)		GNES B	RANDENBURG		2. DATE OF Sept	. 4, 1952
I A		City, Maryland			4. USUAL RESIDENCE (f institution: residence before admission)
B. H II	FULL NAME OSPITAL OR ISTITUTION	3608 Loch R	al or institu aven B	tion, give street address or location)	c. CITY OR TOWN (I	f outside comprate nm	is write RURAL and give township)
-	Yrs.				Baltimore D. STREET ADDRESS (III	rural give Legtion)	township
		tay in Baltimore		Mos. Days	3608 Loch Rave		
0	sex Female	White		E. MARRIED. NED DIVORCED (Specify) WED	Aug. 29, 1865	87	if Under 1 Year If Under 24 Hours Ionths Days Hours Min.
WOL	k done during most	CUPATION (Give kind of of working life, even if retired)		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i		12. CITIZEN OF WHAT COUNTRY?
	Housewife B. FATHER'S N		at ho	me	Carroll Co., Md		
	Basil Cha				Unknown	AME	
1! (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. LeRoy W. Bra		ADDRESS Blvd
	18. Lo			no	OF DEATH	indemodia 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	INTERVAL BETWEEN
	DISEAS (This does heart failu	SE OR CONDITION LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mea complication which of	TH f dying, e. ns the disea	e. (A)CO.F.O.I	ery thrombosis	3	ONSET AND DEATH
		ANTECEDENT CAUS	ES		2.2		10 years
TION		S OR CONDITIONS, II		NG	o vascular dis	sease	
AT		HE ABOVE CAUSE (A) YING CONDITION LA		HE DUE TO			
RTIFICA				(0)	•		
Ш	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	FD		- ~ -	
L C				FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	50 to 50	240 200 200 200 200	1 045 BI	ACC OF INTURY	LOS WILEDS DID	To the Dallet of City	YES NO
MEDICAL	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH NO acci	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	21c. WHERE DID (150c.) INJURY OCCUR?	If in Baltimore City,	give exact location)
j	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		Y OCCUR?	
			m.	WHILE AT WORK			
	22. I hereb	y certify that I att	ended the	deceased from Sir	100 , 1942, to 3	Sept 4,19	2that I last saw the
	23A. SIGNA				red at 9: 15 mm from t	the causes and on	1 23c. DATE SIGNED
	21	alle Du	will	М. D.	2220 Garrison	Blvd.	Sept 5,1952
Z. TI	AA. BURIAL, ON, REMOVAL (S	Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	
-	urial	9/6/52		Morgan Chape	1. Cem. Wood	bine, Md.	Anne
	SEP 5		gton /	Velliams M.D.	25 FUNERAL DIRECTOR	kner y	ADDRESS MO.
	VS 150		1 5	5 2 0	000	Bar	to 17 md.
					0 2	0000	



12	0	
2	REA-162444	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8227

	NAME OF Dipe or Print)	eceased Marj	orie E	pps			Sept. 3, 1952
A. I	PLACE OF DE Baltimore C	city, Maryland		, , ,	A. STATE	CE (Where deceased lived, I	f institution: residence before admission)
B. F	ULL NAME	OF (If not in hospit Baltimore Ci	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside cornerate lim	its, write RURAL and give
INS	TITUTION	4940 Eastern			Baltimore		townshin)
-		wywo mastern	AAGUU	Yrs.			
	ongth of s	tay in Baltimore	1	31 mme Mos.	Crownsvi	lle State "ospit	al
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH		
_	emale	Negro	WIOON	WIGOWOO (Specify)	Oct. 15, 190		if Under 1 Year If Under 24 Hours Ionthe Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KINO OF BUSINESS OR rork done during most of working life, even if retired) INDUSTRY			11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY?		
13.	13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME		
		Robert Ja	ckson	HE PRO	Lucy	Ri 11	
15. (Yes,	WAS DECEASE no or unknown)	D EVER IN U. S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B.	C. H. 4940 Easte	address orn Avenue
T	18. 11 7	Y		CAUSE	OF DEATH		INTERVAL BETWEEN
	000	E OR CONDITION	DIRECTLY				4
LEADING TO DEATH (This does not mean the mode of dying, e.g.,						Unknown	
	heart failu	re, asthenia, etc. It mes	ns the diseas	se,			
		ANTECEDENT CAUS					De la
Z				(B)			100000000000000000000000000000000000000
0	DISEASES	OR CONDITIONS, I	FANY, GIVII	NG			
A		ING CONDITION LA		(C)	84-0		
음 -							The state of the s
CERTIFICATION	OTHER S	IGNIFICANT COND	ITIONS CO	N•			
iii.	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	£0			
,		the state of the s		FINOINGS OF OPER	RATION		20. AUTOPSY?
AL		Y					YES NO
EDICA	21A. ACCID LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg.,			give exact location)
2		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIO	NJURY OCCUR?	
	FINJURY		m.	WHILE AT NOT WHILE		A LEGILLERY	
-	22 I havel	y certify that I at			8-26 152	to 9-3	that I last saw the
	deccased a	line on 9-		and that death occur	rred at & A m	from the causes and on	
-	23A. SIGNA		7, 10	/ 2	38. ADDRESS		23c. DATE SIGNED
		T.S.	CA	M. D.	4940 Eastem.		9-3-52
24 TIO	N, REHOVAL	CREMA- 24B. DATE 9/7/52		Cumberlar	RY OR CREMATORY	24d. LOCATION (City, tow Cumberland	
OA	TE RECEIVE	D BY REGISTRAR	'S SIGNAT	URE I	25. FUNERAL OIRE	CTOR	ADDRESS
	SEP 5		J- 11	Ellious, My?	Geo. G. Ke	alson 1303 Press	tman St.
	VS 150	0		. 0 5 0	selon all	18, B. A. B.)

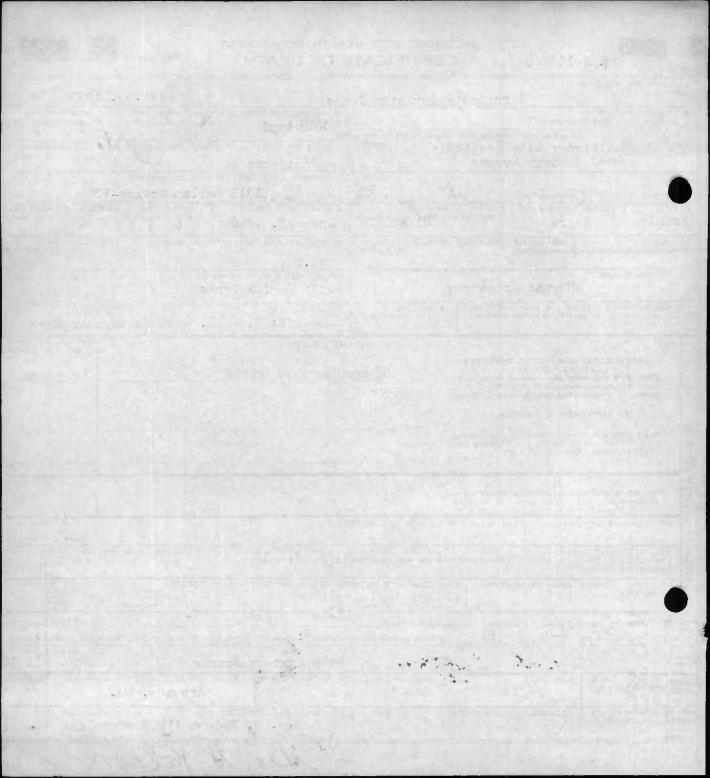
1.12 TORE TOR . SEE Marie Committee

\$ 57.0

BALTIMORE CITY HEALTH DEPARTMENT

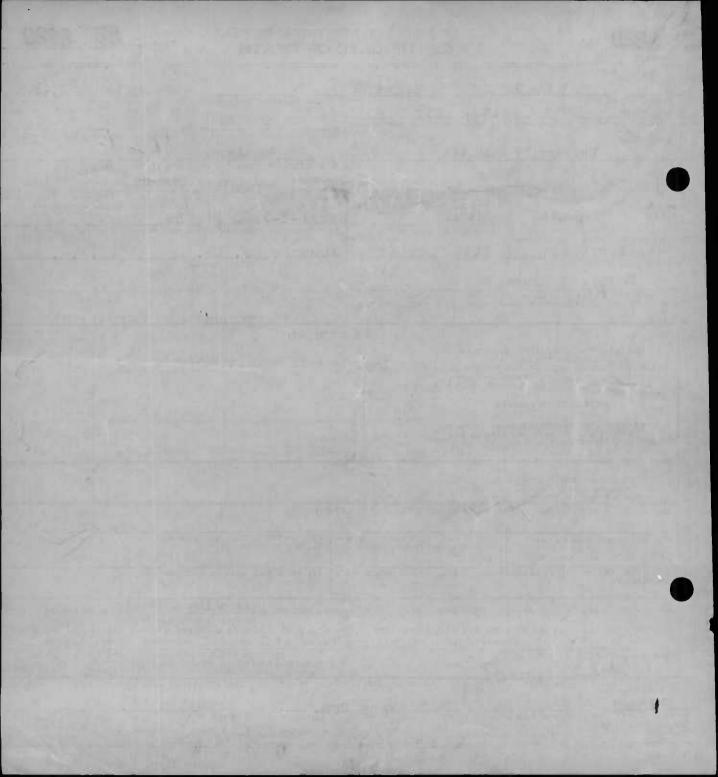
gistered No. 8228

В	IRTH NO.	REA-154728	CERTIFICA	ATE OF DEAT	H Registered 1	de oceo	
1.	NAME OF D Type or Print)		ernadette Corintha	Tanaa	2. DATE OFSept. 3	, 1952	
A.		EATH: City, Maryland		4. USUAL RESIDE	ENCE (Where deceased lived, If		
B. 11	OSPITAL OF	of (If not in hospit altimore City 940 Eastern A	venue	c. CITY OR TOWN Baltimor	6 6	s write RURAL and give	
K	ength of s	tay in Baltimore	Life		312 Harlom Avenue	-17	
	emale	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DWORCED (Sp	I 8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year H Under 24 Hours onths Days Hours Min.	
10 wor	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	108, KIND OF BUSINESS OF		itate or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	. FATHER'S		rmstrong	Doris Regina		/	
15 (Ye	5. WAS DECEASI 18, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY N	o. Records: B	. C. H. 4940 Easte	orn Avenue	
ERTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
CERTIF	TRIBUTING	II IGNIFICANT CONDI IS TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
	19A. DATE C	OF OPERATION 1	98. MAJOR FINDINGS OF C	PERATION		20. AUTOPSY?	
IEDICAL							
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK						
	deceased a	live on 9-3	tended the deceased from_ , 152and that death o	ccurred at 4:204 m.,	$\frac{9-3}{19}$, to $\frac{9-3}{19}$, $\frac{19^2}{19}$		
	23A, SIGNA	Cf. S.	Chagen	4940 Eastern		Sept. 4,195	
71 TI	ON REMOVAL (S	Specify) 248. DATE 9/6/5		ETERY OR CREMATORY	Arbutus, Md		
D	ATE RECEIVE	BAR REGISTRAR	S SIGNATURE M.Z.	25. FUNERAL DIRI	ECTOR 15303 Pr	ADDRESS	



CERTIFICATE OF DEATH Registered No. 8229

BIRTH NO.			CERTIFICAT	E OF DEATH	2008.500104.2	
1. NAME OF (Type or Print)				47	2. DATE	
(Type of Friit)		RAY	DRUMMOND		DEATH Septe	ember 2, 1952
3. PLACE OF	City, Maryland	Be 1 + 0	C:+= 45	4. USUAL RESIDENCE (V		
			ion, give street address or	Maryland	B. COUNTY	before admission)
HOSPITAL OR			location)	C. CITY OR TOWN (II	outside corporate limit	
INSTITUTION	University	Hospita	al . !	Baltimor	e la	township)
	02210101		Yrs.	o. STREET ADDRESS (If		
ength of	stay in Baltimore	24 Yrs	Mos. Days	631 Hous	er Street	
5. SEX	6. COLOR OR RAC	E 7. SINGLI	E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	f Under 1 Year II Under 24 Hours
Male	Colored	Sing	/ED, DIVORCED (Specify)	pril-1-1923	last birthday) Mo	onths Days Hours Min.
	CCUPATION (Give kind		OF BUSINESS OR	II. BIRTHPLACE (State or for		12. CITIZEN OF
work done during mos	tof working life, even if retire	+	INDUSTRY			WHAT COUNTRY
13. FATHER'S	Laborer	Holtit		ACCOMAC CO. V.	AME.	U.S.A.
			Rs 38ep/Leasly			
	SED EVER IN U. S. ARM	nmond	1 10 505141		ack	
(Yes, no or unknown	(If yes, give war or de	ites of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
No				Maggie Drummo	nd 850 Carr	coll St
18. 44	3 X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION					
(This do	es not mean the mode	of dying, e. i		tensive cardiovas	cular disease	3
heart fai	lure, asthenia, etc. It mer complication which	cans the discas	e,			
			.,			
	ANTECEDENT CA	USES				
Z DISEASI	ES OR CONDITIONS			***************************************	***************************************	***************************************
UNDER	THE ABOVE CAUSE (A	LAST.	HE DUE TO			
FICA			(C)		***************************************	
	11	DITIONS				
TRIBUTIA	SIGNIFICANT CON IG TO THE OEATH, BU	T NOT RELATE	0			1
7.3	OISEASE OR CONDITIO	The second second second		ATION		
I ISA. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
ZIA EXTER	NAL CAUSE WAS	218. PLA	CE OF INJURY (e. g., i	or 21c. WHERE DID (I	f in Baltimore City, s	YES NO A
UNDERLYII	RNAL CAUSE WAS NG [] OR CONTRIE	about Lome, f	arm, factory, street, office bldg.,	tc.) INJURY OCCUR?		
M OLING C	CAUSE OF DEATH					
OF INJURY	(Month) (Day) (Yea		21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
		m.	WORK AT WORK			
22. I cert	ify that I took che	arge of the	remains described a	bove, held an Inspect	ion & Inquir	L thereon and from
				nquiry, find that said de	Inspection or Inquiry	
and d	gath in my opinion	n resulted f	rom: natural causes	\mathbb{Z} , accident \square , suicide	\square , homicide \square , u	ndetermined \square .
23A. 51GN		10/		238. CHIEF MEDICAL	EXAMINER 23	c. DATE SIGNED
Wi	leian Mais	1XV	M	.D. MEDICAL INVESTIGAT		Sept. 2. 1952
24A. BURIAL.	CREMA- 248 DATE	· ·		RY OR CREMATORY 240. L	The second secon	the second secon
TION, REMOVAL (150	3/4 A-7-	R.	ooklyn Md.	
DATE RECEIVE	ED BY REGISTRAL	352 R'S SIGNATU	Mt Calvery	Cem DIC	SONTAH MU.	ADDRESS/A
LOCAL REGIS	TRAR,	noton /	1/11	Elion Wels	1000 K	secretty may
9110	in the factor	1	Velleday, 190		6	1/1
V S 151		1	9 4970	41)	***	4
		,	1/0	7		



5	30
2	8230

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8230

	KIN NO.								
						2. DATE OF DEATH Sept.	4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland					A. STATE	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)			
H	FULL NAME OSPITAL OR	OF (If not in hospit	tal or institut	tion, give street address of location)		none (If outside conparate limits	Write RURAL and give		
	STITUTION	St. Agnes Ho	spital		Baltimore	16	township)		
				life Yrs.		SS (If rural, giv. location)			
0		tay in Baltimore		Days		harles St.			
	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH	last birthday) Mor	Under 1 Year Iff Under 24 Hours nths Days Hours Min.		
	ale	white	marri	ied	July 19, 188	66 66			
Moth	done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	Υ		12. CITIZEN OF WHAT COUNTRY?		
	Butcher		Wholes	sale beef	Baltimore,		S. WHAT COUNTRY?		
13	. FATHER'S N			The Property Section	14. MOTHER'S MAII				
		drew W. Schmi			Margar	et Dimling			
15 (Yes	. WAS DECEASE	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS		
				1	Mrs.Amelia S	Schmidt 4003 N	. Charles St.		
	18. 420	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN		
		SE OR CONDITION		7	8	11.	10.11.		
	(This does	LEADING TO DEA'	TH of dying, e. :	8., (A) Con	many Court	New			
	heart failu	re, asthenia, etc. It mea complication which	ans the diseas	se, h.) DUE TO	1.				
				There	many Coul	leffen	1 year		
7		ANTECEDENT CAUS	353	(8)		<i>y j</i>			
ō		S OR CONDITIONS, I		NG -					
AT	UNDERLY	ING CONDITION LA	AST.	(5)					
JI-				(0)					
ERTIFICATION	OTHER C	II SIGNIFICANT COND	ITIONS	v. 1			Market Brief		
	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ED .					
U		F OPERATION		FINDINGS OF OPE	RATION		20. AUTOPSY?		
AL	- DATE C						YES NO		
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g.,					
MED	LYING OF	R CONTRIBUTING DEATH		farm, factory, street, office bldg.					
	F INJURY	(Month) (Day) (Year		21E. INJURY OCCURF		INJURY OCCUR?	Y LATE LET		
		-	m.	WHILE AT NOT WHILE					
	22. I hereb	y certify that I at	tended the	deceased from		7, to reft 4 -, 195			
deceased alive on 2, 1952, and that death occurred at Ja. m., from the causes and on the date stated about						ie date stated above.			
	23A. SIGNAT		21		238. ADDRESS		23c. DATE SIGNED		
		Ind. to	Ma	land M.D.	15 E. Biddle		9 - 5 - 52		
ZZ TIC	24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)								
	IN, KEMOVAL (S		Burial 9 - 8 - 52 Druid Ridge Pikesville, Md.						
	Burial	9 - 8 -							
	Burial	9 - 8 -			25. FUNERAL DIRE	CTOR	ADDRESS		
	Burial	9 - 8 -	'S SIGNATI						
	Burial	9 - 8 -	'S SIGNATI			CTOR			
	Burial ATE RECEIVE CCAL REGIST SEP 5	9 - 8 -	'S SIGNATI			CTOR			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

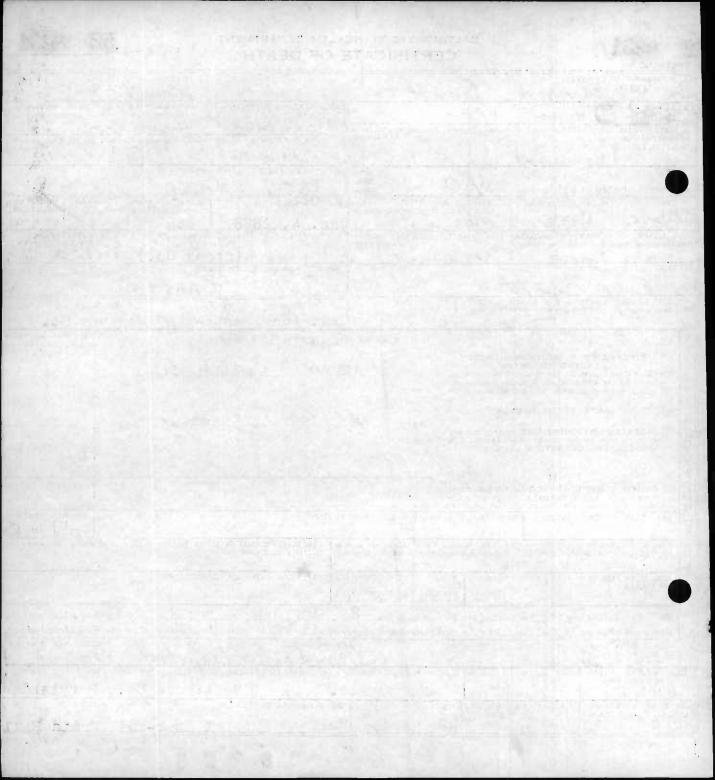
52 8231

Ave.

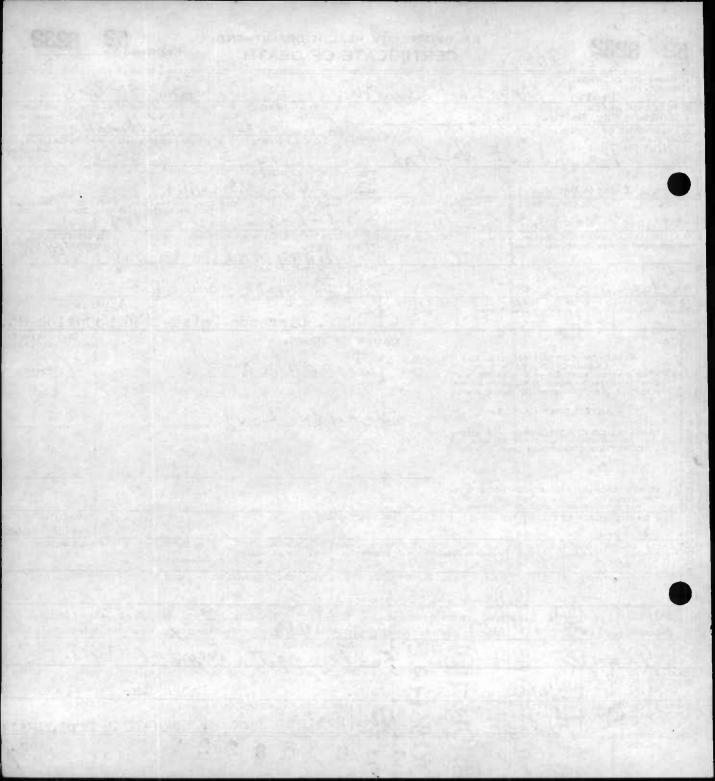
BII	20011 1100		CERTI	FICATE	OF DEATH	- Registe	100 110	
	NAME OF DE	ECEASED ,				2. DATE		
(Ty	pe or Print)	EdMARd	Scott			OF DEATH	9-3.	-52
	PLACE OF DE Baltimore C		yes		4. USUAL RESIDE	NCE (Where deceased live COUNTY		ion : residence before admission
	FULL NAME O		al or institution, give stre	et address or location)	NARYLAN		-IMOR	DIIDAY
IN	STITUTION A	Roydent		10(401011)	CITY OF TOWN	(If outside corporat	e linds, wing	township
			110	Yrs.	D. STREET ADDRE	/ .	on)	
6		ay in Baltimore	70	- Day	1609	CAURENIS	. T 40-1-1V	
1	Nale	Neo Ro	7. SINGLE, MARRIED WIDOWED, DIVOR	CED (Specify)	an. 4. 18	44 / 1 .	ars H Under Y y) Months D	ays Hours Min
10	. USUAL OCC	CUPATION (Give kind of	108. KIND OF BUSIN	IESS OR		tate or foreign country)		TIZEN OF
-	A VERN	(working life, even if retired)	Bochonos	INDUSTRY	11.00000	(Essex Co.)	\ \\	S A
	FATHER'S N	AME	MESTAGRE	A. 1	14. MOTHER'S MAI			SA
	Mose	5 5 +	+	0 339	50110	BRAXTO	- 1/	
	WAS DECEASE	D EVER IN U. S. ARMED	FORCES? 16. SOCIA	AL =	17. INFORMANT	DIAN 1	ADDRES	S
Yes	no or unknown)	(If yes, give war or date	of service) SECU	RITY NO.		Scott-1609 I		
T	· 1 0	1 0	1			30000-1009 1		TERVAL BETWEE
	18. 5 8	1.0		CAUSE	F DEATH		NO	SET AND DEAT
		E OR CONDITION	TH	Pap	tal C	RRhosis		10,000
	heart failu	not mean the mode of re, asthenia, etc. It mea complication which of	ns the disease,	0				1 9 9 K S
		ANTECEDENT CAUS	FE	1/	1 -	0.0		
z		ANTECEDENT CASS	(8)	HRPA	771c LA	15 officience	9	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						,	
<u>S</u>								
느		II	(C)					
ER	TRIBUTING	IGNIFICANT CONDITIONS TO THE DEATH, BUT	NOT RELATED					
			9B. MAJOR FINDINGS	OF OPERA	TION		2	O. AUTOPSY?
Z								ES NO
EDIC	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	218. PLACE OF INJ ebout home, farm, fectory, str				City, give ex	act location)
Σ	2ID TIME (Month) (Day) (Year)	(Hour) 21F. INJUR	Y OCCURRE	D 21F. HOW DID	INJURY OCCUR?		
	2 ID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR OF INJURY WHILE AT WORK AT WORK							
T	22. I herebi	u certifu that I att	ended_the deceased	0	- 26 1952	to 9-3	1952 that	l last saw ti
		ive on 9-3	. 1952 and that o	leath occurr		from the causes and		
1	23A. SHENAT		,	37	B. ADDRESS	1/ /	/ 230	DATE SIGNE
	у.	am		м. р. 11	ROVIC LAST	HOSPITAL		3-52
24 TIC	N. REMOVAL (S	pecify)			Y OR CREMATORY	24D. LOCATION (City		
	Burial	19/6/19	/		1. Park	Baltimore (Jo., Ma	
	TE RECEIVE		S SIGNATURE					

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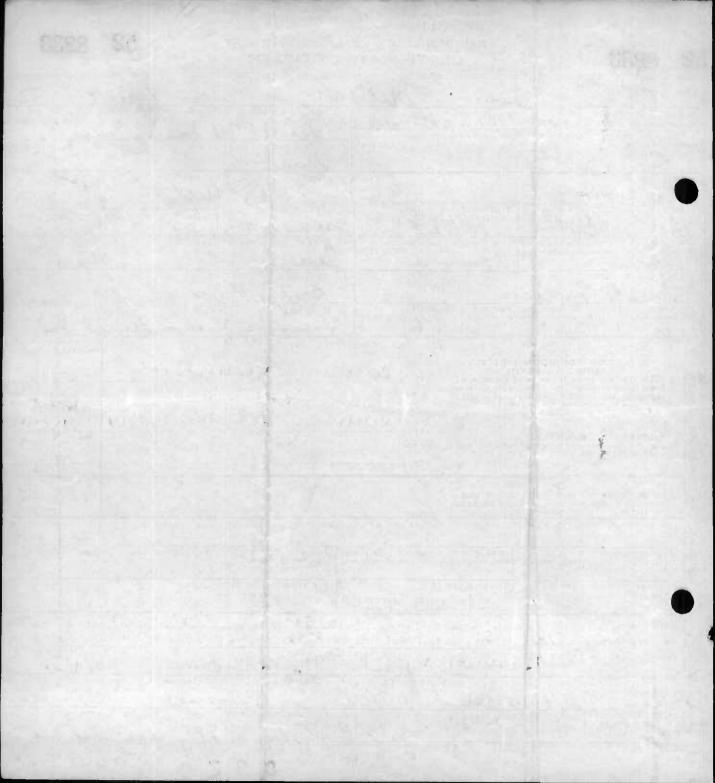
	550					ro	0000
B	2 8232 RTH NO. 2	-005		CERTIFICATI	E OF DEATH	Registered No	8232
(T	NAME OF DECEAS		RShA	Smith		2. DATE OF Q -	3-52
	Baltimore City, M	faryland	405		4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospit	A Ser instituti	on, give street address or location)	c. CITY OR TOWN	(If outside corporate limits,	
	ength of stay in	Baltimore		7 Mos.	D. STREET ADDRESS	(If rural, give location)	
	Female No	OR OR RACE	SIN		1-6-52	last birthday) Mont	de: 1 Year hs: Days Hours Min.
wor	A. USUAL OCCUPAT k dooe during most of working		108. KIND	OF BUSINESS OR INDUSTRY	MARY AND	(Baltimore)	2. CITIZEN OF WHAT COUNTRY!
13	FATHER'S NAME	S.	41		14. MOTHER'S MAIDEN	NAME	V
15	S. WAS DECEASED EVER	IN U. S. ARMEL	FORCES?	16. SOCIAL	17. INFORMANT	SHORTER	DRESS
(16	a, no or ookoown) (If ye	e, give war or date	s or service;	SECURITY NO.	Mr. Clarence	Smith-2436 M	cCulloh St
	18. 571.0			CAUSE	OF DEATH		INTERVAL BETWEEN
		CONDITION		1	Dapphen		7 dous
	(This does not m heart failure, asth injury or compli	enia, etc. It mea	ns the diseas	e,	////CACA		
7	ANTEC	CEDENT CAUS	ES	Den	Ly LRATION		
CATIO	DISEASES OR C RISE TO THE ABO UNDERLYING O	OVE CAUSE (A)	STATING TH	łG			
TIFIC	51 AV 25			(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CERTI	OTHER SIGNIF	HE DEATH, BUT	NOT RELATE	D			
7	19A. DATE OF OPE			FINDINGS OF OPER	RATION		20. AUTOPSY?
ICA	21A. ACCIDENT, SU	JICIDE,		ACE OF INJURY (e.g., i		(If in Baltimore City, give	ve exact location)
ED	HOMICIDE (Spec	eify)	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	21D. TIME (Month)	(Day) (Year)		ZIE, INJURY OCCURR WHILE AT WORK AT WORK		JRY OCCUR?	
	22. I hereby certs	ify that I att	ended the	deceased from 8	-29 1952 to		that I last saw the
	deceased alive on		, 1952,	and that death occur	rred at 11 50 m., from	n the causes and on the	
-	23A. SIGNATURE			M. D.	ROVIDENT	Hospital	9-3- 52
2	4A. FURIAL, CREMA- ON, REMOVAL (Specify)		7/2 7/4	24C. NAME OF CEMETE		LOCATION (City, town, or	r county) (State)
	Burial	9/6/52		Arbutus Mem		ltimore Co. M	
10	OSTE DESISTANT	REGISTRAR	1- 1/	Illiams No.	Holland Fune:	ral Home-1631	Druid Hil
	VS 150)	- m /\	00000	2 ?	Ave.
11				1952	G - G		



16	25
52 BIRTH	8233

CERTIFICATE OF DEATH Registered No. 8233

BT	RTH NO	CERTIFICATI		
1.	NAME OF DECEASED ype or Print)	Iwen J. Mer		2. DATE OF DEATH Sept 4-1952
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit	1707 Linkin ave	A. STATE	here deceased lived. If institution; residence B. COUNTY before admission)
H	OSPITAL OR ISTITUTION	location		outside corporate limits, write RURAL and give township)
-		Yrs.	D. STREET ADDRESS (L) r	ural, give location)
	ength of stay in Baltimore	7 Mos.	48BS2	reet
5.	M White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	aug 4 1879	9. AGE (In years Indee I Year Indee 24 Hours Inst birthday) 73
	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	INDUSTR	11. FIRTHPLACE (State or for	reign country) 12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	rarm	MOTHER'S MAIDEN NA	ME ME
10	Frank merson	n	Becky Br	Hant
15 (Ye	S. WAS DECEASED EVER IN U. S. ARMEI (If yes, give wer or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMAÇET 2	roles Tour D me
	18. 1/201	CALISE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY	0	ONSET AND DEATH
	(This does not mean the mode of heart failure, asthenia, etc. It mea	of dying, e.g., (A)	iowary osch	wow
	injury or complication which of	caused death.) DUE TO	1	. about
ZO	ANTECEDENT CAUS	(B)	vousry arre	torologies about
F	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	V	
ICA		(C)		
RTIF	OTHER SIGNIFICANT CONDI			
	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION			
		198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., about bome, ferm, fectory, street, office bldg		f in Baltimore City, give exact location)
Σ	21D. TIME (Month) (Day) (Year)	r) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?
	THOORY	m. WHILE AT NOT WHILE		
	22. I hereby eertify that I at		1/10/5V, 19, to	, 195 , that I last saw the
	deceased alive on	, 1952, and that death ocen		ie eauses and on the date stated above.
	23A. SIGNATURE	ruleurger M.D.	912 Room	have 9/4/52
Z.	AA. BURIAL, CREMA- 24B. DATE REMOVAL (Specify)	24d NAME OF CEMET	ERY OR CREMATORY 24b. LC	OCATION (City, town, or county) (State)
		S S S S S S S S S S S S S S S S S S S	25. FUNERAL DIRECTOR	ADDRESS
10	OCAL REGISTRAR	ington Williams, My	Ridgley of	elly 401 Wash, ene
	VS 150	1 9 5823	8/00 6 9	Laurel and
		9	1.	J 34



BALTIMORE CITY HEALTH DEPARTMENT Registered To CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE ARTHUR BUERMANN DEATH September 4, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF if not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RUPAL and give INSTITUTION township) 3447 Cliftmont Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 3447 Cliftmont Avenue Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 8 Male White while 10A. USUAL OCCUPATION (Give kind of IRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work defieduring most of working hie, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME Court 19 MOTHER'S MAIDEN NAME ermann 15. WAS OECEASEO EVER N U.S. ARMEO FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of the head (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT ND X YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH. 3447 Cliftmont Avenue Home 21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY 5:30 P.m. Sept. 4.

21E. INJURY OCCURRED WHILE AT

NOT WHILE

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER

24A. BURIAL. CREMA-TION REMOVAL (Specify)

24B. DATE

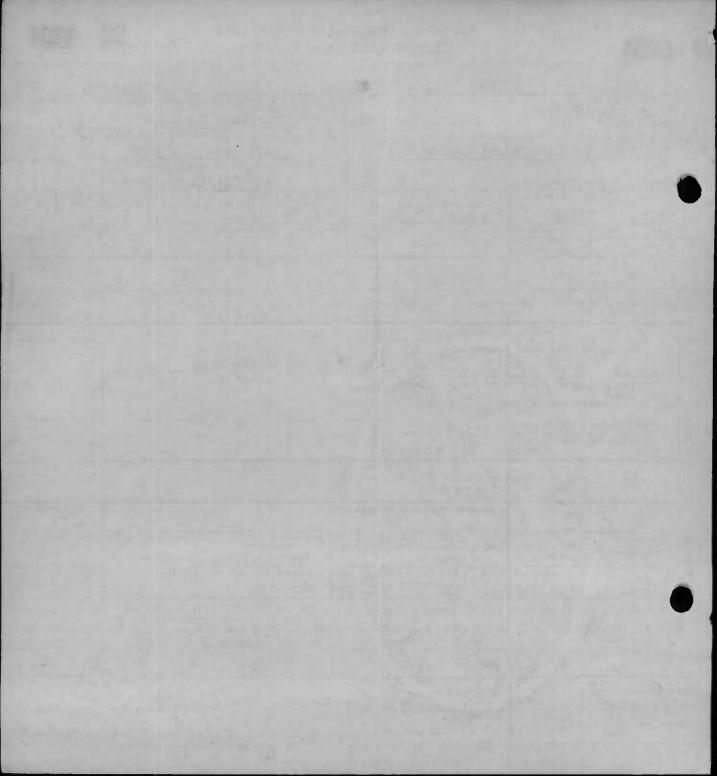
MEDICAL INVESTIGATOR ... 24C, NAME OF CEMETERY DR CREMATORY

Sept. 24D. LOCATION (City, town, or county)

RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 5 1952

na ADDRESS

151



(56 52, 8235

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8235

1. NAME OF DECEASED (Type or Print) HENRY A	BREMER	2. DATE OF SEPT. 4, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Manual and B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institu	tion, give street address or location)	Maryland
HOSPITAL OR INSTITUTION 3903 Parkside		C. CITY OR TOWN (If outside corporate limits, write HUIAL and give township) Baltimore
A TUTABLE	Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore	Mos. Days	3903 Parkside Drive
5. SEX 6. COLOR OR RACE 7. SINGLE WIDO	E. MARRIED, WED, DIVORCED (Specify) Pried	8. DATE OF BIRTH 9. AGE (In years in Under I year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
National Can Co.	INDUSTRY	Germany WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Edward Bremer		Annie Pocklioweck
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 215-09-6205	17. INFORMANT ADDRESS
		INTERVAL RETURN
18. 151 × 1		OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and	worra 1 I borrach & month
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the discs injury or complication which caused deat	ise, Lh.) DUE TO	
ANTECEDENT CAUSES	4471	metastanes
DISEASES OR CONDITIONS, IF ANY, GIVE	ING	7.0000000000000000000000000000000000000
DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONDITION		
O I	(C)	
OTHER SIGNIFICANT CONDITIONS CO	on.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED .	
. 19A. DATE OF OPERATION / 19B. MAJO	R FINDINGS OF OPER	Thoroch with 20. AUTOPSY? YES NO X
LYING OR CONTRIBUTING about home	ACE OF INJURY (blg., le, farm, factory, street, office bldg.,	
1D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m.	WHILE AT NOT WHILE WORK	
22. I hereby certify that I attended th	e deceased from My	, 19 1, to 19 1, that I last saw the
deceased alive on 3, 1952	, and that death occur	rred at 2 Amm., from the causes and on the date stated above.
23A. SIGNATURE Mull	M. D. 2	2 of Roll St Ballonne Sept 4 1952
24A, BURIAL, CREMA- TION, REMOVAL (Specify)		RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 9/8/52	Holy Redee	
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	To hard J. Ruck, 5305 Harford Rod.
SEP 5 1952 H. t. Ton V	Vollegion Nove	A POSTATA J. HUCK, SOUS HATTOTA ROU.
VS 150	1 9 564 8	03D 1 8 2 2 4

brained toronthish

Bucktak 5055 ... No. 3

BEST CALLERS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2 DATE (Type or Print) JOHN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stav in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) Il Undar I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Married 10A. USUAL OCCUPATION (GivekIndof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Javare 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Denjamin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? STO TWIND O (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING CAUSE OF DEATH

V averly

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

218. PLACE OF INJURY (e. g., in or

about bome, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

. 19.52 to.

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from. deceased alive on

1952, and that death occurred at. 23A. SIGNATURE

.m., from the causes and on the date stated above. Union Memoria

(If in Baltimore City, give exact location)

20. AUTOPSYA

. 1952 that I last saw the

23c. DATE SIGNED

24A. BURIAL, CREMA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify mural memoria.

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR ADDRESS

VS 150

OF INJURY

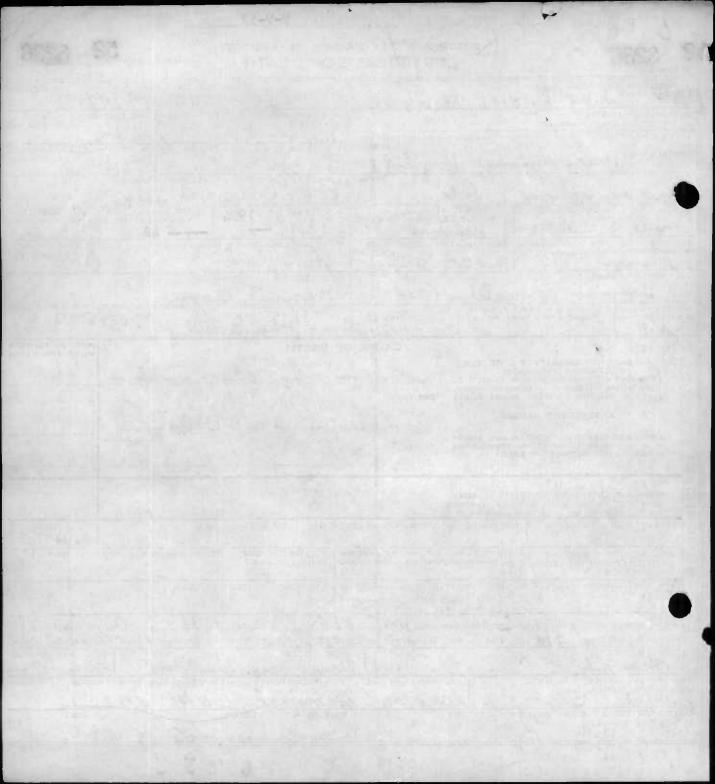
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281	00 RTH 8237			TIMORE CITY HE	ALTH DEPARTMENT	Registered 1	2 8237
	NAME OF D	Mr.Geo	orge H	off ,		OF 9/5/1	952
B. HC	PLACE OF D Baltimore (FULL NAME DSPITAL OR STITUTION	City, Maryland •	Yes alor institut	on, give street address or location) al	4. USUAL RESIDENCE (A. STATE Maryland C. CITY OR TOWN (Baltimore	B. COUNTY	institution: residence before admission s. write RULAL and give township
	ngth of s	tay in Baltimore	7. SINGLE	Yrs. Mos. Days MARRIED. ED.DIVORCED (Specify) ried	o. STREET ADDRESS (I 3221 Chesterfie 8. DATE OF BIRTH 1/8/1891	eld Ave, Balto-	-13-Md . If Under 1 Year on the Days Hours Min.
work	done during most			of Business or INDUSTRY Elec.Co.	Baltimore, Mary Fogle	aryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
15 (Yes	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. 212-05-4644	17. INFORMANT Mildred Hoff, 3		odress
	(This does	SE OR CONDITION LEADING TO DEA's s not mean the mode of the complexity of the comple	TH f dying, e.g ns the diseas	., (A) Cardi	OF DEATH	ey .	INTERVAL BETWEEN
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			eardial Infarct	•••••		
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?

21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

HUJURY WHILE AT NOT WHILE AT WORK 8-29-52, 19 2- to 9-5-

3 1932 and that death occurred at_ deceased alive on_ 23A. SIGNATURE

22. I hereby certify that I attended the deceased from_

23B. ADDRESS

m., from the causes and on the date stated above. 23c. DATE SIGNED

, 19 5 That I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify) burial 24B. DATÉ

Moreland Park Cemetery

240. LOCATION (City, town, or county) Parkville,

Maryland

DATE RECEIVED BY SEP 5 1952 REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

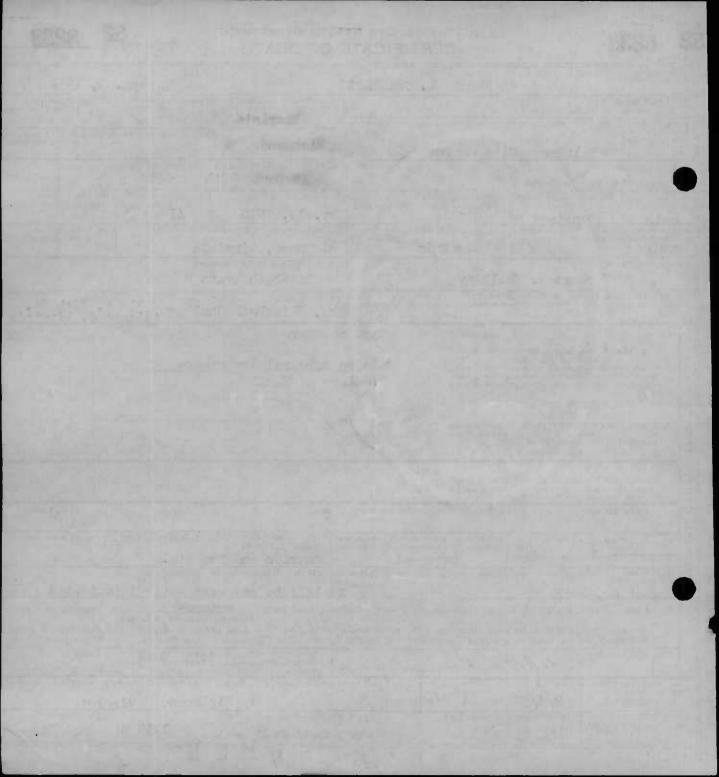
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH Sept. 3, 1952 CLARENCE L. CHALKLEY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Richmond Baltimore City Morgue D. STREET ADDRESS (If rural, give location) Yrs. Mos. 318 North 30th Street ength of stay in Baltimore Days 9. AGE (In years | If Under | Year | If Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Nov. 13. 1910 male white 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY welder Electric Richmond. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sh. P Herbert E. Chalkley Elizabeth Evans 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) SECURITY NO. Mrs. Elizabeth Chalkley, Ra CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Massive subdural hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Fracture of Skull injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Charles and Lee Sts. pavement 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT to pavement while intoxicated August 29, 1952 AT WORK 22. I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-2 B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) TION, REMOVAL (Specify Richmond removal Richmond Virginia DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1217 St. Paul St.



8239 REA-16250

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8239

BIRTH NO.						
1. NAME OF I (Type or Print)		Almony				. 3, 1952
3. PLACE OF I		-512		4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR INSTITUTION		Hospita	on, give street address or location)	C. CITY OR TOWN () Baltimore	f outside or prate limits,	township)
c. Length of	stay in Baltimore	life	Mos. Days	B. C. H. 4940		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE	MARRIED.	April 9, 1880	9. AGE (In years little 19. AGE (In years 19. Mon 19.	ths Days Hours Min.
	CCUPATION (Givokind of tof working life, even if retired) nist	10B. KIND	OF BUSINESS OR INDUSTRY	Shrewsbury,	Pennsylania	WHAT COUNTRY
13. FATHER'S	George A	lmony	Shope	14. MOTHER'S MAIDEN I	nia Miller	V
15. WAS DECEAS	SED EVER IN U.S. ARMEL	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
				Records: B. C.	n. 4940 Easter	
18. 02	7× 1		CAUSE	OF DEATH		ONSET AND DEATH
	SE OR CONDITION LEADING TO DEA' es not mean the mode of	ТН	Cereb	ral Vascular Acc	ident	lwk.
heart fail	ure, asthenia, etc. It mea	ns the diseas	е,			*****
	ANTECEDENT CAUS	ES				
Z DISEASI	ES OR CONDITIONS, I	F ANY. GIVIN		osclerotic Heart	Disease	4 yrs.
RISE TO UNDERL	THE ABOVE CAUSE (A)	STATING TH	E DUE TO	c Amyotrophy		21 yrs.
0			(G)			
TRIBUTIN	SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	.D			
19A. DATE			FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCI LYING CAUSE OF	DENT WAS UNDER- DR CONTRIBUTING	21B. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If In Baltimore City, g	ive exact location)
2 ID. TIME	(Month) (Day) (Year		2 IE. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?	
22. I here	by certify that I at	tanded the	deceased from	1-5, 1931, to rred at 11:20 m., from	9-3, 19 ² the causes and on th	, that I last saw the e date stated above
23A. SIGNA		Co		4940 Eastern A		23c. DATE SIGNED
24A. BURIAL, TION, REMOVAL DUTIE	(Specify) 9/6/52			Church Cemeter		or county) (State) Maryland
DATE RECEIV		'S SIGNATI		125. FUNERAL DIRECTOR	2030001	ADDRESS Paul Street
VS 150		<i>V</i>		40082	3 6	

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BALTIMORE CITY HEALTH DEPARTMENT

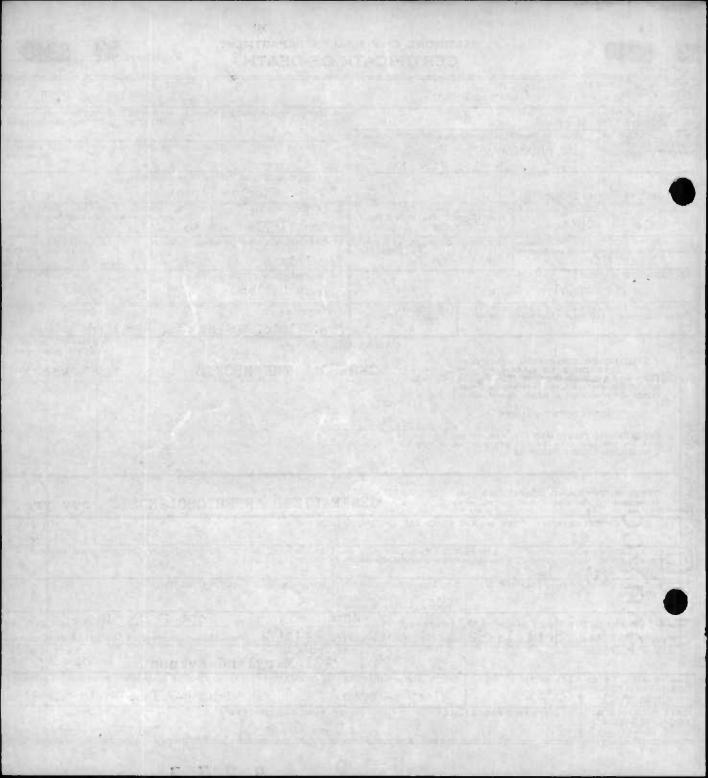
1217 St. Paul Street

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Clara Plenge DEATH September 2, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits) write LURAL and give Melchor Nursing Home township) 2326 N. Charles Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 605 N. Charles Street ength of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female About 1873 About 79 10A. USUAL OCCUPATION (Glvekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife own home Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Randolph Stone Lucy Dillon 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or poknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uoknown) SECURITY NO. Mrs. Elgin, Colesville, Maryland INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CEREBRAL THROMBOSIS LEADING TO DEATH weeks (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-GENERALIZED ARTERIOSCLEROSIS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or about home, farm, fectory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WORK AT WORK 1951 to Sept 2 Jan . 19 5, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Sept 1 19 52 and that death occurred at 1:30Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 31 Maryland Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) Winston-Salem Winston-Salem, North Carolina remova] DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR

VS 150

LOCAL REGISTRAR

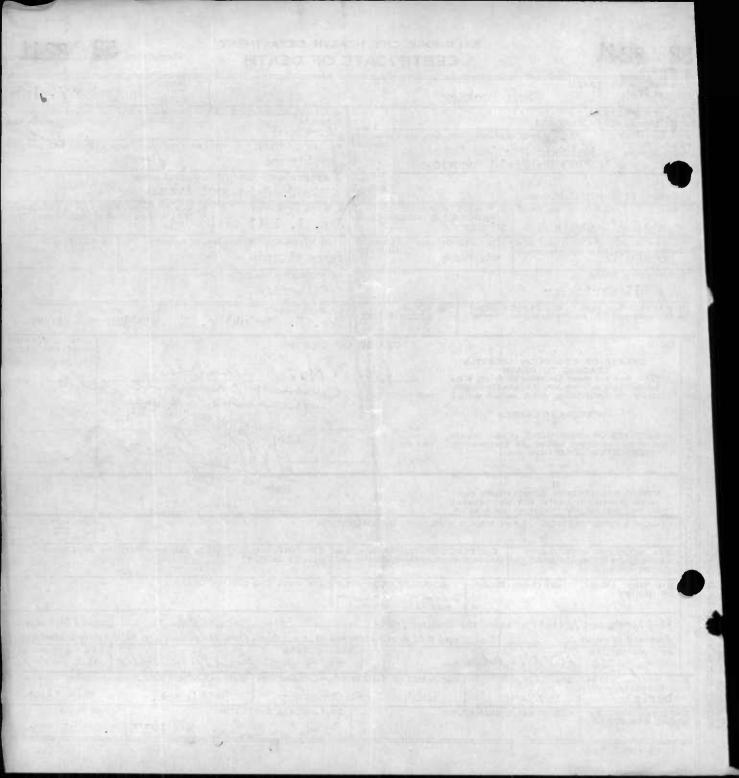
REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 8241

BI	RTH NO.		CERTIFICAT	L OI DEATH		•
	NAME OF Di		a Buckley		2. DATE OF Se	ptember 4, 1952
B. HC	PLACE OF DE Baltimore C FULL NAME OSPITAL OR STITUTION	ity, Maryland	eld Avenue	c. CITY OR TOWN (I Baltimore	Where deceased lived, B. COUNTY f outside corporate Ar	before admission
c.	Length of st	tay in Baltimore	Yrs. Mos. Days	2708 W. Fairmou		
	sex female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	Jan. 1, 1861	9. AGE (in years last birthday)	If Under 1 Year If Under 24 Hours Min
10	A. USUAL OC	CUPATION (Give kind of (working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1) Pennsylvania	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	Strickler		14. MOTHER'S MAIDEN N	NAME	
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Wm. B. Strickle	er, 210 Wash	ADDRESS burne Avenue
ERTIFICATION	heart failu injury or DISEASES RISE TO TI UNDERLY	not mean the mode of re, asthenia, etc. It mea complication which of anticept and the complication which of anticept and the complication which of anticept and the complication of the complication of the death, but the complication of the death, but the complication of the complication	ns the disease, aused death.) DUE TO SES (B)	CERTIFICATION CHIEF OR ASSI	MULL	Da
AL C		F OPERATION 0 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		(If in Baltimore City	yes No Logation)
9	21D. TIME (OF INJURY	Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR?	
	deccased al	ive on	ended the deceased from, 19 and that death occu	, 19 , to = rred at 730 Am., from 23B. ADDRESS	the causes and on	23c. DATE SIGNED
TIC	AA. BURIAL, CON, REMOVAL (S burial ATE RECEIVE CAL REGIST	9/6/52 D BY REGISTRAR	24c. NAME OF CEMETE Loudon Park s signature	ERY OR CREMATORY 240.	altimore,	
	VS 150	Thurting	flor Majus AR	1 m. Corte ha	5.0 1217	St. Paul Stre

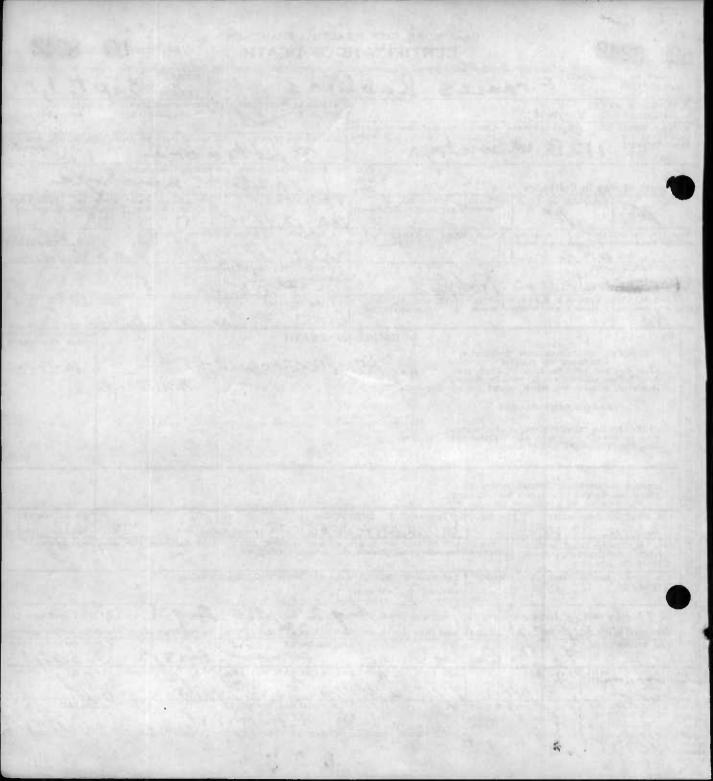


1152 577H NS242

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 58 8242

GIFTH NO:	
1. NAME OF DECEASED Frances Robb	bins 2. DATE Sept. 1, 1752
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	piol.
HOSPITAL OR INSTITUTION 1118 W. Southous location)	C. CITY OR TOWN (If outside corporate limits write RUKAL and give
1120 W. Saratoga	Baltimora / Volume
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	1128 4. 3000092
5. SEX 6. COLOR OR RACE (SINGLE MARRIED, WHOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years II Under I Year II Under 24 Hours last birthday) Months; Days Hours; Min.
P	May12, 1935 17
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MONE	Balto. Md. Wsa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DaMOS Moltins	TOLOL ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or yanknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(Yea, no or unknown) (If yea, give war or dates of service) SECURITY NO.	Clarie Willow 1128 W. Say atma
18. 200. / CAUSE C	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	APHOSARCOMA, RETRO- 10-12 MO.
heart failure, asthenia, etc. It means the disease,	PERITONEAL
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
O	
L II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	.=4. 6.0
21A ACCIDENT WAS LINDER. 21B, PLACE OF INJURY (6. 8., In	n or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE M. WORK AT WORK	
22. I hereby certify that I attended the deceased from A-	1 2 2, 1953 to 1953 that I last saw the
deceased alive on A 31, 1952 and that death occum	
	3B. ADDRESS 23C. DATE SIGNED
7. V. Bales M.D.	uner. Hosp Septil
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF GEMETE	RY OR CREMATORY 240 LOCATION (City, town, or count) (State)
Busial 1/6/1962 7/10. WWW	un clm. Vallo Hela
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322N
CEDE 1050 Huntington Velliques, My	Mrs Katy O. Williams, Schroder 12
VS 150	
1 4 6 0 0 0	8 2 3 9



BALTIMORE CITY HEALTH DEPARTMENT Registere 130 CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE (Type or Print) Cari Sept. 2, 1952 COE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION Baltimore City Hospitals Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) male colored rried. Sep.

(township) 1028 W. Lexington St. last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BEATHPLACE (State or foreign country IOB. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) WHAT COUNTRY INDUSTRY LODONCH FATHER'S NAME 18/0 710N MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no pr anknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT ADDRESS SECURITY NO. 330× ONSET AND DEATH CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Massive subarachnoid hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. ----- from aneurysm of circle of Willis injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR?

about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED

NOT WHILE WHILE AT WORK

22. I certify that I took charge of the remains described above, held an _

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident |, suicide |, homicide |, undetermined |.

23A. SIGNATURE

luglon

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 246. DATE

24C. NAME OF CEMETERY OR CREMATORY

(C)

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

autopsy

Autopsy, Inspection or Inquiry

240 LOCATION (City, town, or county ADDRESS \$22/

23c. DATE SIGNED

20. AUTOPSY

thercon and from

(If in Baltimore City, give exact location)

before admission)

151

anna

DATE RECEIVED BY

LOCAL REGISTRAR

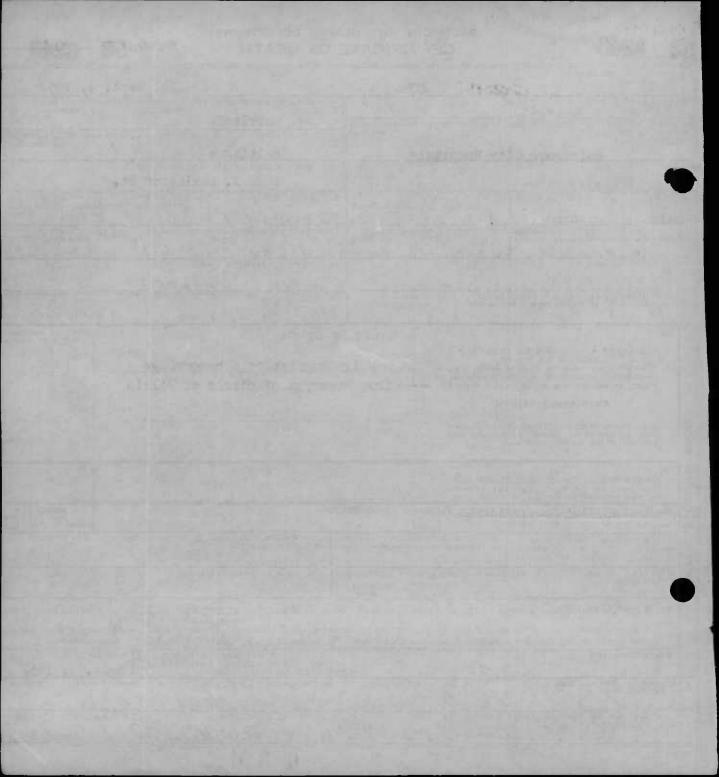
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21F, HOW DID INJURY OCCUR?

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR



BALTIMORE CITY HEALTH DEPARTMENT

IRTHS 244			CERTIFICATE	E OF DEATH	Registered	110.
. NAME OF DE Type or Print)		Harry	Allen			30, 1952
. PLACE OF DE . Baltimore C	ity, Maryland			4. USUAL RESIDENCE (W	here deceased lived. I	f institution : residence before admission)
NSTITUTION	Saltimore Cit 4940 Eastern	y Hospi			outside corporate limi	its, write RURAL and give township)
e. Ogth of st	ay in Baltimore		28 yrs. Yrs. Mos. Days	B. C. H. 4940	Eastern Aven	
Male	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED, ED, DIVORCED (Specify) ingle	April 25, 1892	last birthday) M	If Under 1 Year Ionths Days Hours Min.
	CUPATION (Give kind of f working life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N		en (D)	gen. (n)	14. MOTHER'S MAIDEN NA Emma Baco		
(es, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	Records: C.	н. 4940 East	
18. 491	× 1	DIDECTIV	CAUSE	OF DEATH		ONSET AND DEATH
(This does heart failu	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUS	SES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
TRIBUTING	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Vascular Accident					3 wks.
	DA. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION					
	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City,	, give exact location)
210. TIME NJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK			
22. I hereb	y certify that I at live on 8-30	tended the	deceased fromand that death occu	3 0 0 4 , 10 ,	8-30 , 152 the eauses and on	2_, that I last saw the the date stated above.
23A. SIGNA	TURE .	Clay	en M.D.	4940 Eastern Aven	ue	9-4-52 SIGNED
24A. BURIAL, TION, REMOVAL (S	gecify) 9/6/19	152	24c. NAME OF CEMETE	um Cem. de	OCATION (City, tow	(State)
DATE RECEIVE LOCAL REGIST	1952 Huntin	+ 11	Velliacus M.D.	My Katu R.W.	lliams	Schrodu St
VS 150		9 5	: 2049	168211		

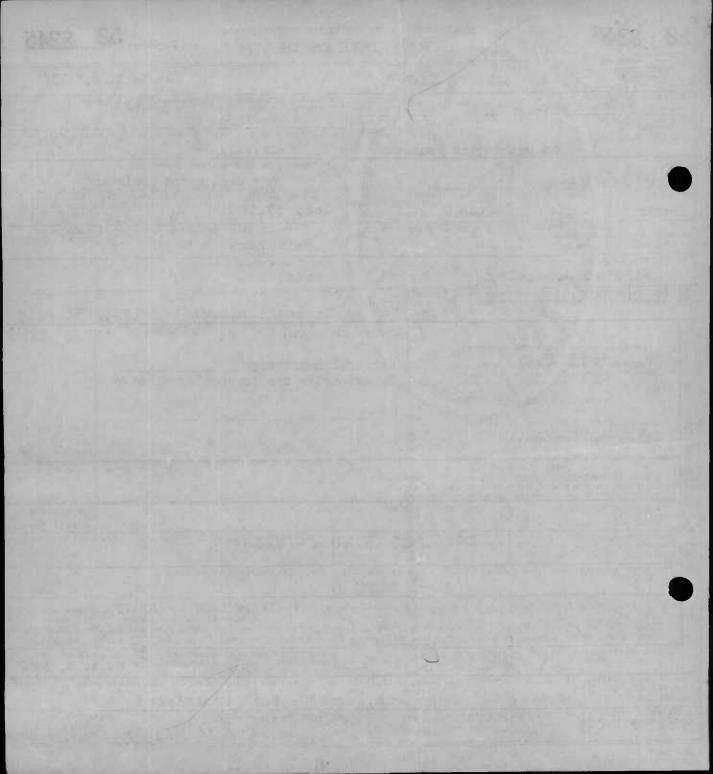
ERPS . P. A. HIS manya esidecile dali di 18 di migrapia ALCOHOL COMPLY N Tankbok schoust Tantent, the fellen being being being PRODUCE .

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1	52 8245
	BIRTH NO.

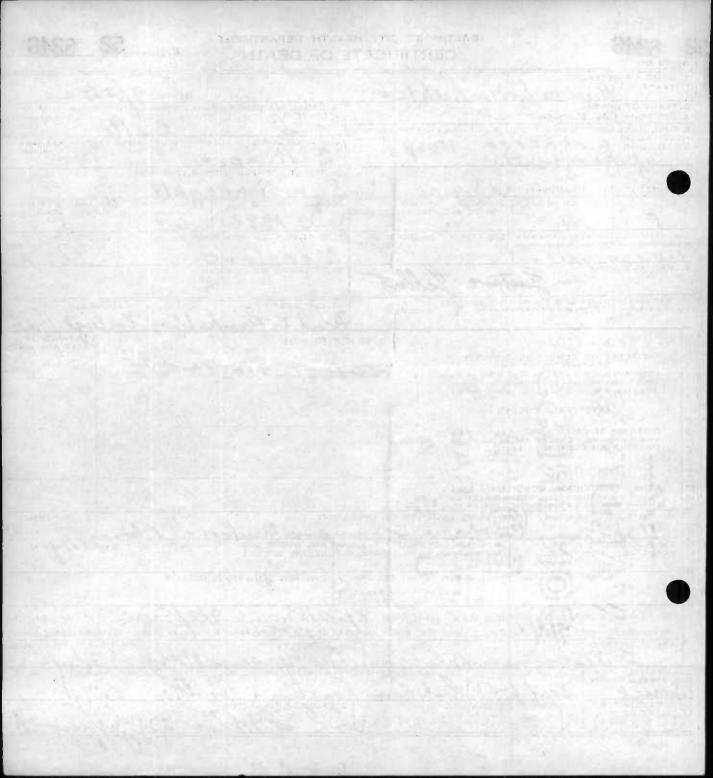
e de la company de la company.

BALTIMORE CITY HEALTH DEPARTMENT 52 8245

BI	RTH NO.			CERTIFICATE	E OF DEATH	Registered	No	0240
1.	NAME OF E		MARY	WHARRY		2. DATE OF Sept	. 3,	1952
Α.		City, Maryland			4. USUAL RESIDENCE (ion : residence before admission
H	SPITAL OR			tion, give street address or location)		If outside corporate mit	s, write	RURAL and giv
		ZOZJ WES	ning cor	n Boulevard Yrs.	D. STREET ADDRESS (I			
		tay in Baltimore I	ife	Mos. Days		nington Boule		
5. f	emale	6.COLOR OR RACE white	7. SINGL	E, MARRIED. VED, DIVORCED (Specify)	Oct. 27,1871	9. AGE (In years last birthday) Mo	onths D	ar tf Under 24 Hours ays Hours Min
10 worl	A. USUAL OC dopeduring most Home D	CUPATION (Give kind of of working life, even if retired) ULIES	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Baltimore	foreign country)		TIZEN OF HAT COUNTRY
13	. FATHER'S				14. MOTHER'S MAIDEN N	NAME		
_		iam H. Easl			Matilda			
		ED EVER IN U. S. ARMEE (If yes, give war or dated		16. SOCIAL SECURITY NO.	17. INFORMANT		DDRES	-
-				None	OscarbR. Gib	son Box 177		
injury or complication which caused death.) ANTECEDENT CAUSES					al hemorrhage ensive cardiovas			
CE		F OPERATION 1		FINDINGS OF OPERA	ATION		2	O. AUTOPSY?
AL		9					Y	ES NO X
EDIC/	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., et	tor 21c. WHERE DID (tc.) INJURY OCCUR?	If in Baltimore City, a	give exa	ct location)
M	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT WORK AT WORK	21F. HOW DID INJUR	Y OCCUR?		
	the ev	idence obtained by ath in my opinion	said Auto	opsy, Inspection or Infrom: natural causes	nquiry, find that said a M, accident □, suicide 23B CHIEF MEDICAL ASSISTANT MEDICAL	Inspection or Inquiry leceased died on the □, homicide □, u EXAMINER 2 23 EXAMINER □ 23	e day	stated above mined [].
TIQ	A. BURIAL (S N. REMOVAL (S Burial		7000	M. 24c. NAME OF CEMETER Mausoleum. Lo		OCATION (City, town,	-	
DA	SEP 5	D BY REGISTRAR'S			26. FINERAL DIRECTOR	le 1913 W	ADDR	ESS MA
V	S 151		0 !	5 2 0 0 0	8 2 1 2	7,070		



	524	+					A STATE
S	8246				EALTH DEPARTMENT	X Registered No	8246
В	RTH NO.		C	ERTIFICAT	E OF DEATH	A Megistered 110	
	NAME OF D ype or Print)	Nanda L	eimke	phler		2. DATE OF DEATH 9/4	152
	PLACE OF D Baltimore C	EATH: City, Maryland	/		4. USUAL RESIDENCE (V		stitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	Luther		give street address of location		f outside corporate limits,	
4	of N	larylan	d	Yrs.	Boltimor	rural, give location)	townshlp)
	ength of st	tay in Baltimore	63-4e	Mos. Days	6 1 11	eichts	5200
5.	SEX F	6. COLOR OR RAC		ARRIED. DIVORCED (Specify	110.00	AGE (In years Mulast birthday) Mont	der I Year Hours Hours Min.
I O	A. USUAL OC	CUPATION (Give kind f working life, even if retire	of 10B, KIND OI	F BUSINESS OR	II. BIRTHPLACE (State or for	oreign country)	2. CITIZEN OF WHAT COUNTRY?
13	40036	wife		// 44	Maryland 14. MOTHERS MAIDEN N	d l	USA
		- Ju	stave]	cellent	14. MOTHERS MAIDEN N.	AME	
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARM (If yes, give war or de	ED FORCES? (10	6. SOCIAL SECURITY NO.	17. INFORMANT	L.II. Zan	PRESS Halt
MEDICAL CERTIFICATION	(This does heart fallur injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING TO THE DISA. DATE OF HOMICIDE	SE OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CAN SOR CONDITIONS HE ABOVE CAUSE (/ VING CONDITION II IGNIFICANT CON TO THE DEATH, BU (SEASE OR CONDITION FOPERATION) NT, SUICIDE, (Specify) Month) (Day) (Yea	ATH of dying, e. g., eans the disease, caused death.) JSES IF ANY, GIVING) STATING THE LAST. DITIONS CON- T NOT RELATED ON CAUSING IT. 19B. MAJOR FI 21F PLACE above bome, farm, r) (Hour) 21E WHIL WO	DUE TO (B) DUE TO (C) NDINGS OF OPER OF INJURY (c. g., factory, atreet, office bidg., INJURY OCCURR E AT NOT WHILE AT WORK	RATION To ute in or 21c, Where DID INJURY OCCUR? EED 21F. HOW DID INJURY	If in Baltimore City, giv	
	dcceased al	J Chu	(L, 19, and	that death occu	23B ADDRESS	he causes and on the	9/4/5 &
TIS	REMOVAL (S)	REMA- 24B, DATE pecify)	6-52 10	The Lawrence	RY OR CREMATORY 24D. L	CATION Wity, town, or	(State)
LASTON	TE RECEIVED CAL REGISTI		roton Wil	liams, MT	25 FUNERAL DIRECTOR	le 2334 le	Hur It
	VS 150		9 5 5	6			
			4 4 60		8 2 4 3		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, Minstitution; residence A. Baltimore City, Maryland A. STATE (B. COUNTY before admission) Dran B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate/limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL (If rural give location) Yrs. D. STREET ADDRESS Mos. ngth of stay in Baltimore 7 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years last birthday) 8. DATE OF BIRTH Inder 1 Year If Undar 24 Hours WIBOWED, DIVORCED (Specify) Months: Days Hours: Min. Narrus 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewe 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE 1954 that I last saw the 22. I hereby certify that I attended the deceased from. 2. 1953 and that death occurred at 6.45 m., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 234 STONATURE 23B. ADDRESS

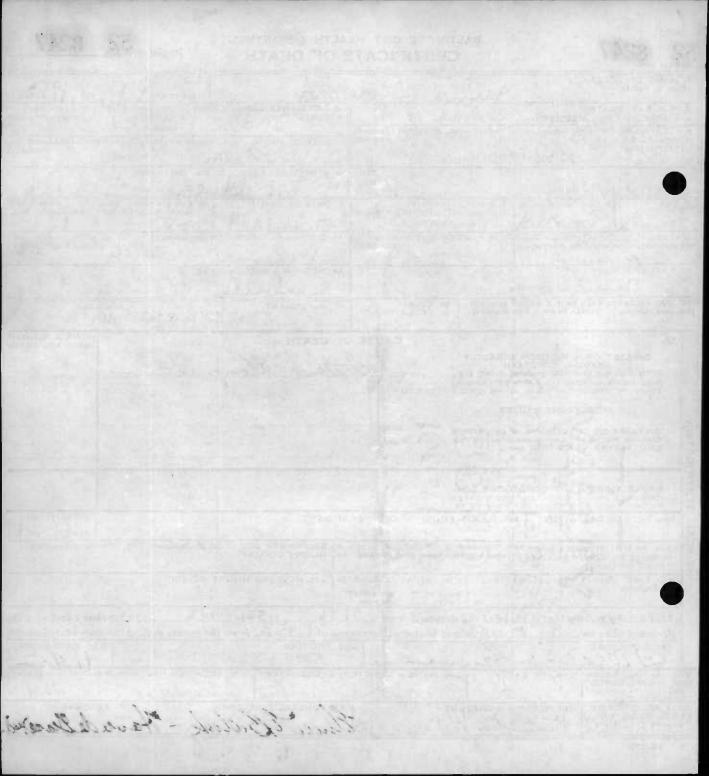
238. ADDRESS
238. ADDRESS
238. ADDRESS
238. ADDRESS
236. DATE SIGNED
240. DATE SIGNED
240. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

Burial 9/6/52 Mt. Calvery Cenetry aterdeen

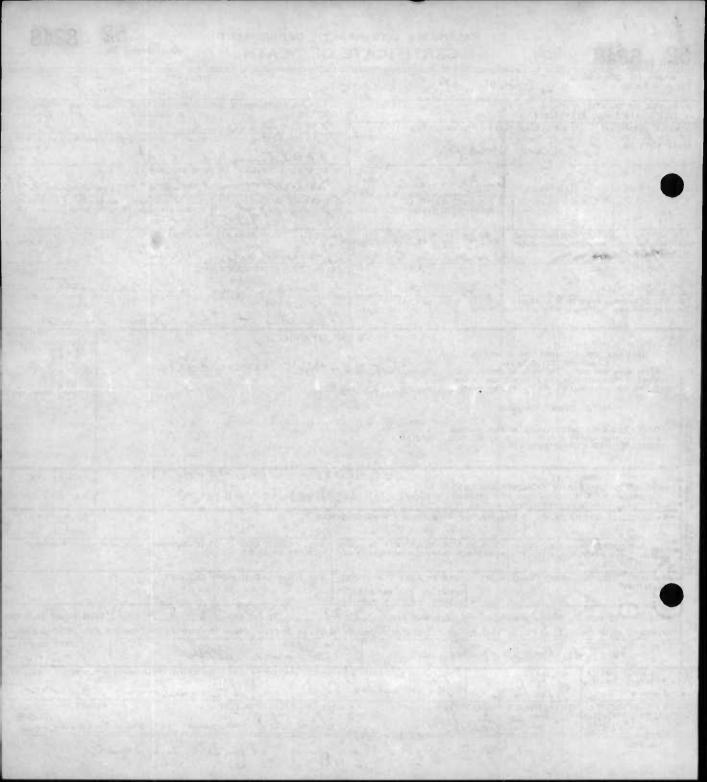
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 PUNERAL DIRECTOR ADDRESS

SFP: 6 - 1952 Huntington Williams Molliams Colonia Grant de Blace

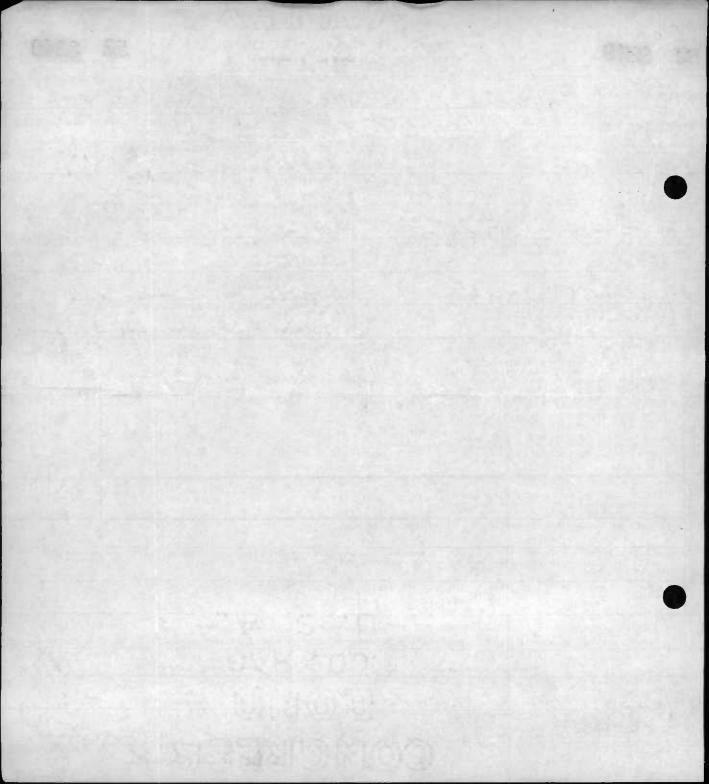
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-(-00	EQ 00.40
BALTIMORE CITY HEALTH DEPARTMENT	DC 8248
BIRTH NO. 8248 CERTIFICATE OF DEATH Register	ered No
1. NAME OF DECEASED JEAN P. CYR 2. DATE OF DEATH	9-5-52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUN B. COUN	
B. FULL NAME OF (If not in hospital or institution, give street address or Manyland	11-02
HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporation)	te lingts, write RURAL and give township)
13 altimore	
Yrs. D. STREET ADDRESS (If rural, give locat	10n)
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. 8. DATE OF BIRTH 9. AGE (In year)	ears N Under Year N Under 24 Hours
	ay) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B KND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
Offices Catering Co. Jainton mass	4.5.
14. MOTHER'S MAIDEN NAME	20 4
Josephale Myr. Clementing Lat	lance
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yos, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
18. 420 A. A. CAUSE OF DEATH	INTERVAL BETWEEN
18. 42011 CAUSE OF DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) CORONARY I hrombosis	1 9-5-5V
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
OTHER SIGNIFICANT CONDITIONS CON.	wholever.
TRIBUTING TO THE DEATH, BUT NOT RELATED DEVERE TEPPORTE SYN WOME	6 ones.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)	ony, give exact recurrent
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 7-21 1957, to 9-5	, 19 5V, that I last saw the
	d on the date stated above.
23A SIGNATURE De Collecum 23B. ADDRESS	23c. DATE SIGNED
M. D. 246. BURIAL, CHEMA- 24B. DATE, 246. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (CIL)	, town, or county) (State)
Memoral 9/6/52 St. replis Com Jaconton	a mass.
DATE RECEIVED BY REGISTRAR'S SIGNATURE / 25/FUNERAL DIRECTOR	ADDRESS
SEP 5-1952 Huntington Will. Leo. L. Beyer Jr	1512 Halling
VS 150	5-1
25 2590648 2 1 Falls 28	m



110	
160	
29 29/19	E OF DEATH Registered No. 8249
1. NAME OF DECEASED Patricia M. Sh	eller 2. DATE OF DEATH SEAL 5-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 2-14 A. Bruce of	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY hefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	Baltimore 9-09 township
c. Ength of stay in Baltimore 6 hro. Mos. Days	D. STREET ADDRESS (If rural, give location) 214 A Bruce
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jef. 28 -1952 9. AGE (In years of Under 1 Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of Mork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milton K. Shaffer	Sophia M. Robinson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 7 ELY CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	drocephalus, spina Bifida Congenital Co mos
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
W TRIBUTING TO THE DEATH, BUT NOT RELATED	
194 DATE OF OPERATION - 1 198 MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in about home, farm, factory, atreet, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
W CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR INJURY	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from.	Feb , 1952, to Sept 3, 1952, that I last saw the
deceased alive on 1952, and that death occu	rred at 119 m., from the causes and on the date stated above. 238. ADDRESS 230. DATE SIGNED
afoldman, M.D.	206 S- Filmon W. 9/6/52 ERY OR CREMATORY 240, LOCATION (City, town, or county) (State)
244. BURIAL, CREMA- TION, REMOVAL (Specify)	Pusk Balteria Mc
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Tourtington Vellesius MD	Dec. L. Beyer J. 1512 Hollows
VS 150	O BRED. 23 One



BALTIMORE CITY HEALTH DEPARTMENT

52 51R	8251 TH NO.	0		TIMORE CITY HE	EALTH DEPARTMENT	Registered 5	2 8250
	AME OF DE	affell.	Kul	rcki		2. DATE OF DEATH	7-50
B. FI	LACE OF DE Saltimore C ULL NAME C SPITAL OR TITUTION	ity, Maryland	Baltual or institution	ion, give street address or location)	4. USUAL RESIDENCE (A. STATE)	Where deceased lived. If in B. COUNTY and the country of the count	before admission)
G. I	ength of st	ay in Baltimore	5-4	Yrs. Mos. Days	o, STREET ADDRESS (trural, give location	b) Anu
5. S 10A.	USUAL OCC	6. COLOR OR RACE JULE UPATION (Give kind of working Jife, gven if retired)	108. KIND		8. DATE OF BIRTH 11. BIRTHPLACE (State or	last birthday) Mont	nder Year If Under 24 Hours ths Days Hours Min.
13.	ATHER'S	" II AI	Insur	ance	14. MOTHER'S MAIDEN	NAME	484
15. (Yes, 1	WAS DECEASED	EVER N U. S. ARMEI	Kulacki D FORCES? S of service)	16. SOCIAL SECURITY NO.	Ann Lipinski. 17. INFORMANT Mrs. Alvina T.		DRESS Frederick Av
RTIFICATION	(This does heart failur injury or of the control of	E OR CONDITION LEADING TO DEA' not mean the mode of asthenia, etc. It means to make the complication which of the complication which of the complication which of the complication which of the complication o	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH STATIONS CON	(B) (C) (C)	of DEATH	Infarction	INTERVAL BETWEEN ONSET AND DEATH
_ _	TO THE DIS	TO THE DEATH, BUT	CAUSING I		ATION		20. AUTOPSY?
MEDICA		ENT WAS UNDER- CONTRIBUTING		CE OF INJURY (e. g., in arm, factory, street, office bldg., o		(If in Baltimore City, gi	ve exact location)
	P. TIME (I	Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		RY OCCUR?	
-	deceased ali 23A. SIGNAT	Jann	1952	and that death occur	red at 3:25 mg, from	the causes and on the	23c. DATE SIGNED
TION	BURIAL, C REMOVAL (SI Burial	9/19/5		Lorraine Cen	m. Woo	odlawn, Md.	
LOC	AL PEGIST	RARIA	's SIGNATU	Williams No	25. SUPERAL DIRECTOR	ickner + >	ADDRESS
	VS 150		0	, 542 an	30824	Matto	17,1md.

W. YORKER BURNESS BY LADIN STREET, SERVICE AND STREET, AND STREET, SAN THE STR W.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8251

Registered No.____

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Ruth Elizabeth	Eidman		2. DATE OF DEATH Sep	t.5,1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR	ution, give street address or location)	Md.	(If antoide comes to less		
INSTITUTION 2304 Garrison B	C. CITY OR TOWN (If outside corporate imite, with AL and give township) Baltimore				
	lif ers.	D. STREET ADDRES	6S (If rural, give location)		
c. Length of stay in Baltimore	Mos. Days	2304 Gar	rison Bouleva	rd	
5. SEX 6. COLOR OR RACE 7. SING	LE. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	ff Under 1 Year 1 If Under 24 Hours	
Female White	Jan. 15, 189	6 56	onths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	Md.	ate or foreign country)	12, CITIZEN OF WHAT COUNTRY		
13. FATHER S NAME		14. MOTHER'S MAI	DEN NAME		
Henry D. Eidman		Elizabeth	D. Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO		R. Mills 3320		
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	Y .g., (A) Las	enoma om lu	gretum ng-liner	INTERVAL WEEN ONSET AND DEATH ACCOUNTS 3 4 ACCOUNTS	
DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B) THE DUE TO (C)	1			
OTHER SIGNIFICANT CONDITIONS CAUTHUR TO THE DEATH, BUT NOT RELA	TED	- mad			
	R FINDINGS OF OPER			20. AUTOPSY?	
716-1950 Car	senond &	reletum		YES NO Z	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LIVING OR CONTRIBUTING blow theme, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) 21CAUSE OF DEATH					
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
INJURY MHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended th	e deceased from AIMO	1950	to Sept 3 , 199	2, that I last saw the	
deceased alive on 7 Sept 5, 1952, and that death occurred at 8 45 m., from the causes and on the date stated					
23A SIGNATURE DINHAUT	м, р.	2991Bar	reson Blod	23G. DATE/SIGNED	
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY	24d. LOCATION (City, town	n, or county) (State)	
Burial 9-6-1952	Druid Ridg	0	Pikesville.	Md.	
DATE RECEIVED BY REGISTRAR'S SIGNA		25. FUNERAL DIRE		ADDRESS	
LOCAL REGISTRAR Huntington	Williams Non	G. Howard St	rong 3207 W.N	orth Ave.,	
SEP, 6, 50, 1952	- 1) (3008	7. 7. 0		
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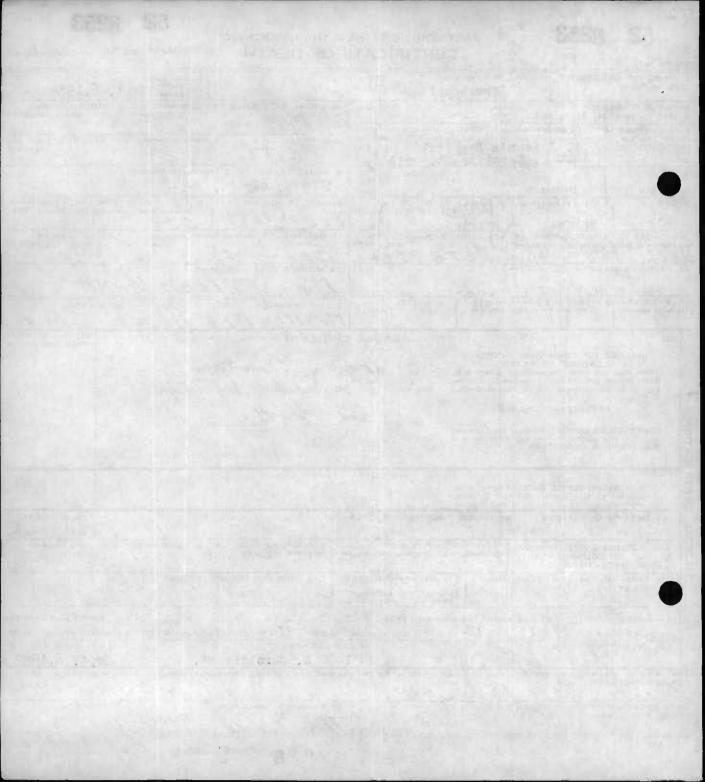
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	52	8252
reegracered	C) phi	

1. NAME OF DECEASED BESSIE DE BRUGH				E BRUGH		OF DEATH 9/5/	152	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)					
В.	FULL NAME		al or instituti	on, give street address or location)	W.Va.	Mertinebu		
	ISTITUTION	Universi	ity 1	tosp.	M 1	outside corporate limits,	township)	
7	· ·			Yrs.	D. STREET ADDRESS (If	2	1 4	
6		tay in Baltimore		24 Mos. Days	Rt. # 3			
6	Female	6. COLOR OF RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	Nov. 28, 1885	9. AGE (In years list last birthday) Mon	nder I Year If Under 24 Hours ths Days Hours Min.	
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	2. CITIZEN OF	
13	FATHER'SIN	NAME	1 4	orne	14. MOTHER'S MAIDEN N	West Vergenia 1, S. A.		
George Polk			14. MOTHER'S MAIDEN NAME					
15	. WAS DECEASE	ED EVER/IN II S ARME	D FORCES?	16. SOCIAL	17. INFORMANT ADDRESS			
(10	e, no or unknown)	(xi yee, giva wat or date	of of service)	SECURITY NO.	Hospertas	Recor	da	
	18. 155	X I		CAUSE	OF DEATH		INTERVAL BETWEEN	
		E OR CONDITION	TH	00	~ ^A	0. A		
	heart failu	re, asthenia, etc. It mes complication which	ns the disease		may coma	_ , usuca	***************************************	
	100000000000000000000000000000000000000	ANTECEDENT CAUS		, 502 10		A -	600000000000000000000000000000000000000	
Z				(B) Jene	ralized Carcinon	natosis	5 mus	
H	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) (ING CONDITION LA	STATING TH	E DUE TO				
CA				(C)		***************************************		
ERTIFICATION	OTHER S	II IGNIFICANT COND	TIONS CON					
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	0 Belian	Obstruction			
	C 1	of OPERATION		FINDINGS OF OPER		iter	20. AUTOPSY?	
EDICAL		ENT WAS UNDER-	1 21B. PLA	CE OF INJURY (a. g., i	11-10-	If in Baltimore City, gi	ve exact location)	
MED	LYING OF	R CONTRIBUTING DEATH	about bome, fa	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
K	INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK M. WHILE AT NOT WHILE AT WORK							
	22. I hereb	y certify that I at	tended the	deceased from 8/	12/52 , 19 , to 9	15/52,19	that I last saw the	
deceased alive on 9/5/52, 19, and that death occurred at 12 Pm., from the causes and on the da								
	23A, SIGNAT	IN Wilell	erger	м. р.	3B. ADDRESS	000.	9/5/62	
TI	AA. BURIAL, CON, REMOVAL (S	pecify)	152 2	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	CATION (City, town, o	r county) (State)	
D	DATE RECEIVED BY I REGISTRAR'S SIGNATURE 1.25 FUNERAL DIRECTOR ADDRESS							
CED 6 - 1959 Huntington Williams, M. Wickeyer & Sons								
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	52	8253	BAL	TIMORE CITY HE	ALTH DEPARTMENT		8253	
ВІ	RTH NO.			CERTIFICATE	E OF DEATH	Registere	d No	
1. (T	NAME OF I	DECEASED	John, Ap	pel	•	2. DATE OF DEATH SET	ot. 6.195	2
	PLACE OF Baltimore	DEATH: City, Maryland	/		4. USUAL RESIDENCE (W		If institution : r	
	FULL NAME			on, give street address or location)	c. CITY OR TOWN (If	outside corporate li	mita umita PIID	A L and give
IN	STITUTION	St. Jose 1400 N.	ph's Hom Caroline	St. #13	BALTO.	8-0	> /	township)
-				Yrs. Mos.		rural, give location)		
C.	sex	stay in Baltimore		Days Days	1409 N. Gay St.	9. AGE (in years)	If Under I Year	f Under 24 Hours
	Male	White	WIDOW	ED, DIVORCED (Specify)	FEB 4 1899		Months Days I	
10	A. USUAL O	CCUPATION (Give kin	def 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZE	
1	R/LL FATHER'S	RESS OP	r. DE	TH. STEEL	BALTO, M	d,	4.SA	COUNTRY?
• •	·T	GN A	DOFL	MILL	MARK FI	IFN M	ANE	
15	. WAS DECEAS	SED EVER IN U. S. ARI	MED FORCES?	16. SOCIAL	17. INFORMANT	// ///	ADDRESS	
(10	, no or unknown	(If you, give war or d	indes of nervice)	SECURITY NO.	MYSMYRTL	= ADDE	L SA	ME
	18. 42	0.1		CAUSE	OF DEATH		INTERVA	L BETWEEN
		SE OR CONDITIO		1.	nan Thronter			
	(This doc	es not mean the mod ure, asthenia, etc. It n	e of dying, e.g	(A)				
		r complication which			my branded day	aution		
_		ANTECEDENT CA	USES	(B) an	d shock.			
ATION		ES OR CONDITIONS		G		••••••	***************************************	
A		YING CONDITION		(C)		**************************		
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R		SIGNIFICANT CON						
CE	TO THE	DISEASE OR CONOITI	ON CAUSING IT	r				
4	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AL	NO T
EDICAL	LYING C	DENT WAS UNDER		CE OF INJURY (e. g., in		f in Baltimore Cit;		
Σ	CAUSE OF	(Month) (Day) (Ye	ar) (Hour) 2	TIE. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?		
E	INJURY			HILE AT NOT WHILE				
17	22. I here	by certify that I	attended the	deccased from	, 19, to	, 19	, that I la	st saw the
	deceased o		2 , 19 52		red at 12:45 Am., from t	he causes and or		
П	23a, SIGNA	TURES !!	Man of		3B. ADDRESS 1400 N. Caroline	St.	Sept. 6	1952
24	4A. BURIAL,		1 / 1/2	4c. NAME OF CEMETE		OCATION (City, to		(State)
110	DU KIA	. /////	152	BALTO	EI	VORTH.	AUE	Md.
	ATE RECEIVE	ED BY KEGISTRA	R'S SIGNATU	RE	25. FUNERAL DIRECTOR	1 00	ADDRESS	
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7	VS 150		0	15 36	bragathers	lond &	d	
			7 6 3	690 SA	18 . 4	0/		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Bengtsen, Ida Albertina OF DEATH 9/6/52 3. PLACE OF DEATH: USPHS Hospital 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) USPHS Hespital Bethesda o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Leigth of stay in Baltimore 7/21-9/6/52 4411 Chestnut St. Bethesda Md Days 6. COLOR OR RACE 9. AGE (In years last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female White single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? fBacterielegist, PhD. USPRS Nebraska 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17, INFORMANT Bedress 11. Md. (Yes, no or unknown) SECURITY NO. ne Eugene W. Veverka, M.D., PHS Hespital. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Adenocarcinoma of stomach with wide- Unknown. heart failure, asthenia, etc. It means the disease, spread metastases and biliary obstruction. injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

TIME (Month) (Day) (Year) (Hour)

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING CAUSE OF DEATH

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

NOT WHILE

19___. to_

21c. WHERE DID

INJURY OCCUR?

25-FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from_ and that death occurred at 11:56 nd, from the causes and on the date stated above. decedsed alive on 23A. SIGNATURE

REDISTRAR'S SIGNATURE

WHILE AT

23B. ADDRESS

USPHS Hospital. Balto.

23c. DATE SIGNED

_, 19___, that I last saw the

20. AUTOPSY YES X

PURIAL CREMA DATE RECEIVED BY LOCAL REGISTRAR

NJURY

24C. NAME OF CEMETERY OR CREMATORY

240 kOCATION (City, town, or county)

(If in Baltimore City, give exact location)

ADDRESS

VS 150

\$753 St ANTIBETE SE SHEET SHOTE CAR STATE harmer di Defil capital (5) Diegovi. Tevesta, M.T. . Jest March 1807, . marries - mile give formed to be propried in mot rectant forth the season of the second

52 8255 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL township) Yrs. D. STREET ADDRESS (If rural give location Mos. th of stay in Baltimore Days 9. AGE (In years If Under I Year Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED W. DOWED, DIVORCED (Speciff 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? sel 16. SOCIAL Yes, ao or uokaowal (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY NOT WHILE 22. I hereby certify that I attended the deceased from. 8 - 20 - 1952 to 192 that I last saw the

deceased alive on. 23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

19 52 and that death occurred at/1: 25 m., from the causes and on the date stated above.

23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSDITAI 240. LOCATION (City, town, or county)

CREMA-ION, REMOVAL (Specify) ATE RECEIVED BY

OCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

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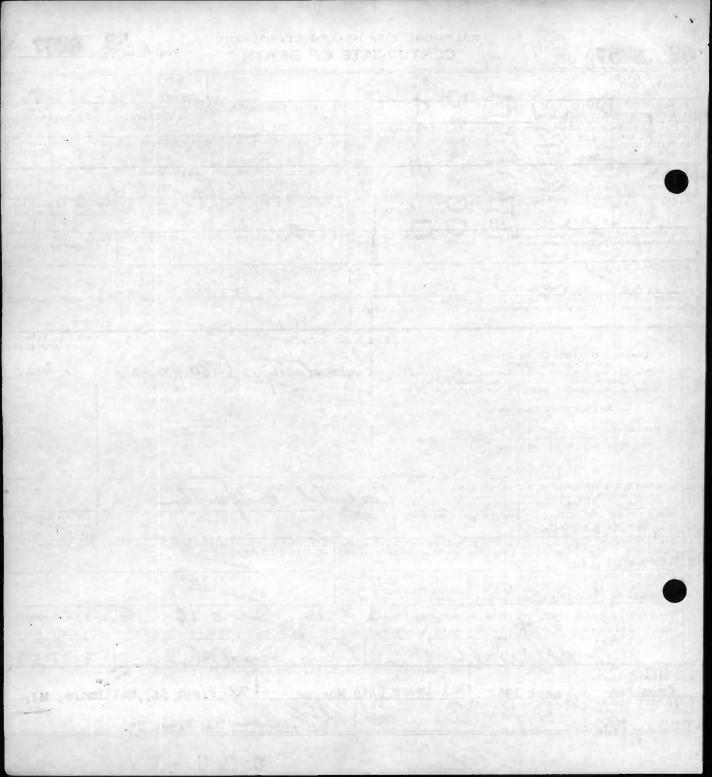
BIRTH	NO.) 112		CERTIFICAT	E OF DEAT	H	Registere	d No.	300
. NAM Type or	E OF DECEA Print)	PO V	P	igshv		12	OF SEI	P 6 - 19	152
. Balti	e of death imore City,	Maryland	6	866	4. USUAL RESID	ENCE (Whe	B. COUNTY		: residence ore admission)
NSTITU	JTION			tion, give street address a location		V (If out	tside corporate li	mits, write RU	JRAL and give township)
-	JC	OHNS ROP	KINS HOS	SPITAL Yrs.	D. STREET ADDR	HS by	al, give location)		,
	th of stay i			Mos. Day			7		
Ma	le 1	thete	Ma	E, MARRIED. VED DIVORCED (Specif	12-18-0	26	AGE (In years last birthday) 45		Mours Min.
rk done de	wing most of worki	TION (Give kind ng life, even if retire	of 10B. KIND	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE	State or forei	gn country)	I2. CITIZ WHA	ZEN OF T COUNTRY?
3. FAT	MILL S NAME	last	Ri	asky	14. MOTHER'S MA	AIDEN NAM	ande-	· MA	
5. WAS	DECEASED EVI	ER IN U.S. ARM yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	S HORKE	wey.	ADDRESS	/
18.	044 x			CAUSE	OF DEATH	3 HOPKIN	AT HOSPITA	INTER	VAL BETWEEN
he	LEA This does not neart failure, ast	R CONDITION DING TO DE nean the mode henia, etc. It m	ATH of dying, e. 1 eans the diseas	ic,	iagnosed	dise	ase	Ap	Drox. 121
in		lication which		a.) DUE TO					
D	ISEASES OR	CONDITIONS,	IF ANY, GIVIN	(B)	***************************************	***************************************	************************************	***************************************	******************
RI U	NDERLYING	CONDITION) STATING TI LAST,	(C)					
		ii							************************
TI	RIBUTING TO T	FICANT CONI THE DEATH, BU OR CONDITION	T NOT RELATE	D /) V / / C	ellosis			Un	known
19A.	DATE OF OP	ERATION	19B. MAJOR	FINDINGS OF OPE	RATION			20. YES	AUTOPSY?
LYII		WAS UNDER-	1 1 1	ACE OF INJURY (e. g., farm, factory, street, office bldg			n Baltimore City		
		n) (Day) (Yea		21E. INJURY OCCUR		O YAULAI C	CCUR?		
			m.	WHILE AT WORK AT WORK		-7 6	/	ردی	
	l hereby cer ased alive o			deceased from / and that death occu		to 9 -	causes and on		last saw the tated above.
23A	SIGNATURE LONGE	a. 9	Thur	uds M.O.	JOHNS H	OPKINS H	HOSPITAL	33c. DA	TE SIGNED
ION, RE	URIAL, CREMA MOVAL (Specify	248. DATE	-53	24c. NAME OF CEMET	ERY OR CREMATORY	24D. LOC/	ATION (City, too		(State)
DATE R	ECEIVED BY REGISTRAR	14-	R'S SIGNATU		25. FUNERAL DIR	RECTOR O	1217	ADDRES	PAUL ST
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cause to bruce losis

10/6/52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, Winstitution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs Mgs. D. STREET ADDRESS (If rural, give location) ngth of stay in Baltimore Dats mon 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH ti Under 1 Year 9. AGE (In years) Il Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jayner 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or onkoowo)] (If yes, give war of dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onkoowo) SECURITY NO 02me e Y INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY EDICAL 8-26-52 (Delwa 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., io or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? neo-notal death 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby sertify that I attended the deceased from. 19. 10. 195 . What I last saw the 1952 deceased white on. and that death occurred at. A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-48. DATE 24C/NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) Baltimore City Morgue 700 Fleet St. Baltimore Cremated 2 Sept 1952 DATE RECEIVED BY REGISTRAR'S ELGNATURE ADDRESS FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



635	52
52 BIRTH NO. 8258 52 - 20/8/CERTIFICATI	
1. NAME OF DECEASED (Type or Print) Babu Girl Bartner	2. DATE OF DEATH 8 25 52
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
e Ogth of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In year) North Days Hours Min. 1 S J J J J J J J J J J J J J J J J J J
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Daniel Robert Bortner Ro	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, nn or unknuwn) (If yee, give war nr dates in service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Sone address
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OTHER SIGNIFICANT CONDITIONS CON-	
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21a. ACCIDENT. SUICIDE. 21a. PLACE OF INJURY (e. g., in about home, farm, factory, street, uffice bldg., e	a or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRENT NOT WHILE AT WORK AT WORK	
	Jed at 2:30 m., from the causes and on the date stated above.
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	Zulheran Hospital of Ma. aug. 28,1952
Cremation 2 Sept 1952 Baltimore City DATE RECEIVED BY LOCAL REGISTRAP LOCAL REGISTRAP TION, REMOVAL (Specify) REGISTRAP'S SIGNATURE Turbugton Williams Marketing M	700 Fleet St., Beltimore, Md.
VS 150	700 Fleet St.

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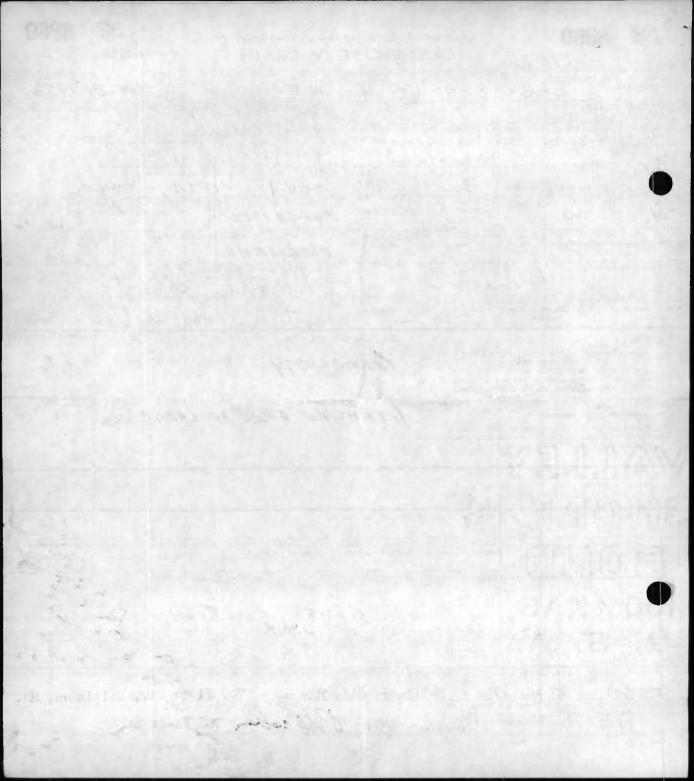
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52	825	9			
BIRTH NO.	52	-3	0	391	
. NAME Of	DECE	ASEC	7	100	7

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8259

BIRTH NO. 5	2-30 371		CERTIFI	CATE	OF DEAT	F1			
I. NAME OF DE (Type or Print)	BEN80	4.3	KAN	AQ	DANKTI	A	2. DATE OF DEATH	23	23
Baltimore C	EATH: City, Maryland	1			4. USUAL RESID	ENCE (W	here deceased lived B. COUNTY	If institut	tion: residence before admission)
FULL NAME		al or institu	tion, give street a	ddress or	MARRI	LANI)		001010 44111111111111111111111111111111
NSTITUTION				location)	C. CITY OR TOWN	N (If	outside corporate li	mits, write	
/ ()	MIV. HOSI	PI JA	1	77	BOLTO)	4-	02	township
th of st	tay in Baltimore		8	Yrs. Mos. Days	D. STREET ADDR	W.	SOROTO	60	
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	(Specify)	8. DATE OF BIRT	H H	9. AGE (In years last birthday)	Months D	
OA. USUAL OCC	CUPATION (Give kind of	108. KIN	D OF BUSINES	S OR	11. BIRTHPLACE	(State or for	reign country)	112 C	ITIZEN OF
ork doneduring most o	f working life, even if retired)			DUSTRY	BALTIM	DRK.	MO		HAT COUNTRY
13. FATHER'S N	IAME				14. MOTHER'S MA	AIDEN NA	ME		
15 DDI	E 2010	A			VIRGII	AIH	BKNSO	N	
(es, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT			ADDRES	35
-			***************************************		KRXIE	BK	M80M	10201	M. 20103
18. 47	3 × .		C	AUSE C	F DEATH				TERVAL BETWEEN
DISEAS	E OR CONDITION	DIRECTLY		001					A . A
(This does	not mean the mode of	TH of dving, e.	g., (A)	601	1407210	20			36 1.
heart failur	re, asthenia, etc. It mea complication which o	ns the disca	se,		**************************************	Bulk			
	ANTECEDENT CAUS	SES		3/20	MCKMI	A		2	130
DISEASES	OR CONDITIONS, I	F ANY, GIVI	(B) NG				•••••		W. D.
	HE ABOVE CAUSE (A)		HE DUE TO	1201	1015 00	LONI	1 100		20
			(C)	PCI	70 2 70	10221	FIGO		NU
TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT SEASE OR CONDITION	NOT RELAT	EO						
19A. DATE OF	F OPERATION 1	9B. MAJOR	FINDINGS O	F OPER	TION			2	20. AUTOPSY?
	0							Y	YES NO
21A. ACCIDE LYING OR CAUSE OF I	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PL about home	ACE OF INJURY	Y (e. g., in office bldg., et	or 21c, WHERE (DID (If UR?	in Baltimore Cit	y, give ex	act location)
	Month) (Day) (Year)	(Hour)	21E. INJURY O	CCURRE	D 21F. HOW DIE	D INJURY	OCCUR?		
0 JURY				OT WHILE					
		m.		AT WORK	11	C	133/5		
22. I hereby	y certify that I att		deceased from	m_8/6	55 35 19	, to	13/52, 19), that	t I last saw the
deceased all	A	, 19,	and that deat			., from th	e causes and or		
TANDIZ AES	D. mith.	Jr.		M. O. 2:	B. ADDRÉSS	Sp. Pa	Saldo.	8	CATE SIGNED
4A. BURIAL, C	REMA- 248. DATE		24c. NAME of	CEMETER	Y OR CREMATORY	246. LO	CATION (City, to	wn, or cou	nty) (State)
Cremation	28 Aug	52	Baltimore	e City	Morgue	700 F	leet St.	Baltin	toro Ma
OCAL REGISTI		SIGNAT			25. FUNERAL DIE	RECTOR		Baltin	RESS', Ma.

01/11/25/4/1 THE LANGE TO SHAPE THE HILL ALT COUNTRY BANK THE WHITE THE ENERGY AND THE # 110 12 TUR 1902



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	UN (0501		HEALTH DEPARTMENT		OCOT
В	IRTH NO. 5	2-19419	CERTIFICA	TE OF DEATH	Registered No.	
	NAME OF D Type or Print)	ECEASED B4	-BY BOY (A) K	EmP.	2. DATE OF S-2	4-52
	PLACE OF D	EATH: City, Maryland		4. USUAL RESIDENCE (W		titution : residence before admission
В.	FULL NAME	OF, (If not in hosp	oital or institution, give street addres	OF MARYLA	NI	before aumission
	OSPITAL OR	Hospital.	tor the Women	On) CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
	17	6	Tharyland	Vallimore-	12 21	-10
	ength of s	tay in Baltimore	14hours 15min De		rural, and location)	
5.	SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Month	et I Year II Under 24 Hours
	M	W	_5	8-23-52		1 2 15
Wor.	A. USUAL OC k done during most o	CUPATION (Give kinds) of working life, even if retires	of 108. KIND OF BUSINESS OR	PV		CITIZEN OF WHAT COUNTRY
10	EATHERIC	I AME		MARYLA		459
13	FATHER'S	May Ass.	11/20/	14. MOTHER'S MAIDEN NA	ROBERTS	
1:	WAS DECEASE	ED EVER IN U. S. ARM	ED FORCES LIS COSIAL	DOROTHY		
(Ye	a, no or naknown)	(If you, give war or da	ED FORCES? Ites of service) 16. SOCIAL SECURITY NO	Mother	4607 YEV	MORE MO
	18. 776	v .	CAUS	E OF DEATH	3,7 -	INTERVAL BETWEEN
	DISEAS	E OR CONDITION				, /
	(This does	LEADING TO DE, not mean the mode re, asthenia, etc. It me	of dying, e.g., (A)	DATURATY	••••••••••••••••••	1 any
	Injury or	complication which	caused death.) DUE TO			1
						A
z		ANTECEDENT CAL	(B)	ATURE ONSET OF	LABOR	2 linus
TION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A	IF ANY, GIVING		LABOR	2 linus
CATION	RISE TO T	OR CONDITIONS,	IF ANY, GIVING		LABOR	2 linus 15 M/N
FICATIO	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION 1	(B)		LABOR	2 linus 15 19/N
RTIFICATIO	RISE TO T UNDERLY	S OR CONDITIONS, HE ABOVE CAUSE (A YING CONDITION I	IF ANY, GIVING IF ANY, GIVING I) STATING THE DUE TO LAST. (C)		LABOR	2 hnus 15 M/N
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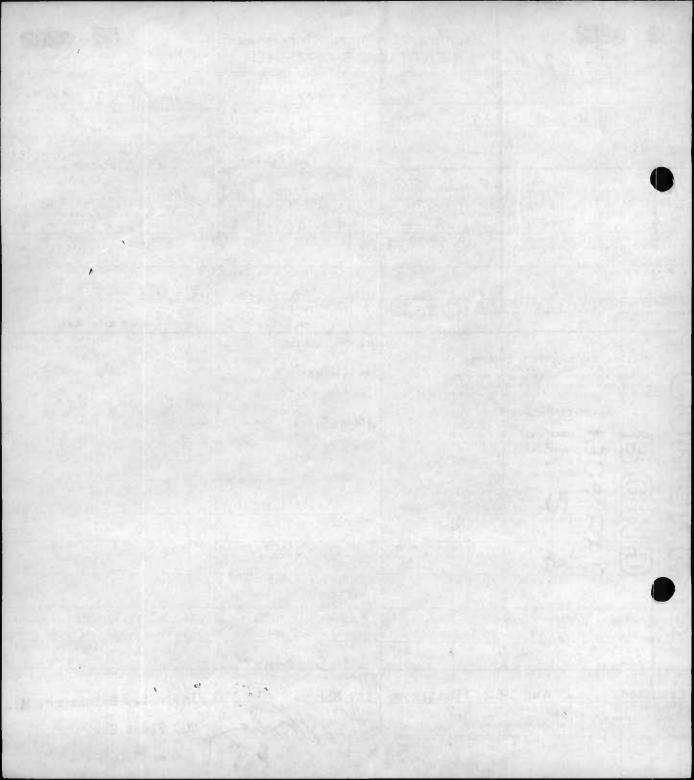
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH NUGUST 26,1952 erry 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, I Constitution: residence A. Baltimore City, Maryland B. COUNTY A STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore township) D. STREET ADDRESS (If rural, give location) Fa17 c. Langth of stay in Baltimore 3104 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Male Pinale AUA OA. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 3. FATHER'S NAME ToberT Noward 15. WAS DECEASED EVER IN U. S. ARMED FORCES!
(eq. no or unknowe) | (If yee, give war or dates of service) 16. SOCIAL Yes, no or unknowo) SECURITY NO. no 3104 Fait mother. Are. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Immaturity heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from \$/26, 1952, to \$/26, 1952, that I last saw the deceased alive on \$/26, 1952, and that death occurred at 4.20 Am., from the causes and on the date stated above. _, 1922, that I last saw the 23A SIGNATURE 23c, DATE SIGNED 4A. BURIAL, CREMA-24c. NAME of CEMETERY or CREMATORY | 24c. LOCATION (City, town, or county) (State) 24B, DATE Baltimore City Morgue Cremated 700 Fleet St., Baltingre, Md. 27 Aug 1952

VERAL DIRECTOR

700 Fleet St.

REGISTRAR'S SIGNATURE

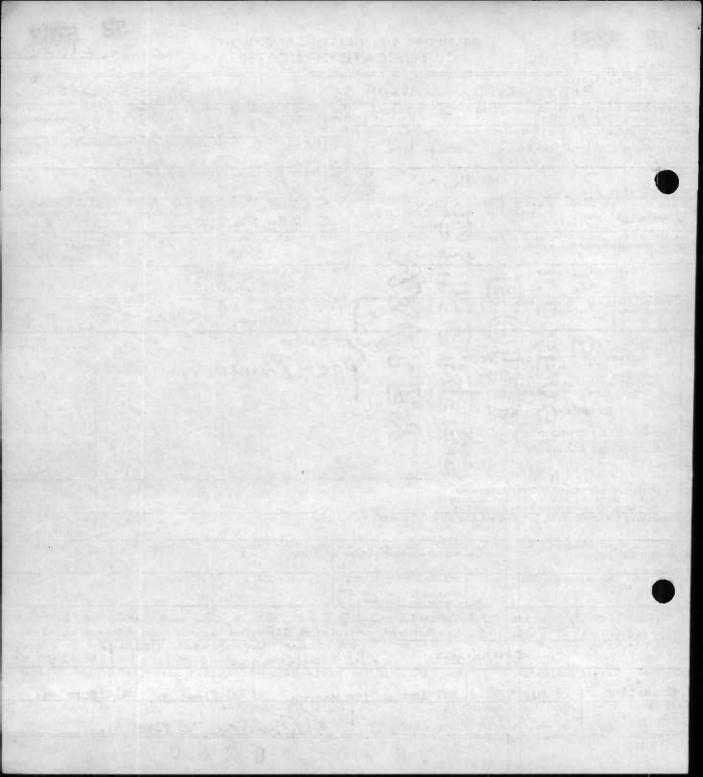


52 8263 BIRTH NO. 52-19462

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8263 Registered No. 6 5 8 5 ½

=	11(11) 110. 2						
(T	NAME OF D Type or Print)	BABY	GIRL	TAYLOR		2. DATE OF DEATH	25.52
Α.	Baltimore C	EATH: Unice City, Maryland		Hospital	4. USUAL RESIDE	NCE (Where deceased lived, I	f institution: residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	war.		tello
	STITUTION	Universi	K W	OSD Cto location)	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
2	1		-		(On)	101 200 100	township)
				Yrs.	D STREET ADDRES	SS (If yours) give leastion)	00000
			8 H	ours Mos.	D. STREET ADDRE	SS (If rural, give location)	6
c.	angth of st	tay in Baltimore	0	Days	311 m	10 trin	tul.
5.	SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	H Under 1 Year II Under 24 Hours
1	Jemale	^		ED, DIVORCED (Specify)	8 . 25 . 5	last birthday) N	Ionths Days Hours Min.
				ngle		2	8
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
Or,	k done during most o	f working life, even If retired)	9~	INDUSTRY	91	ah	WHAT COUNTRY?
			2.	42.2	31	are.	U · S · 17
13	B. FATHER'S N	IAME		М. Г.	14. MOTHER'S MAI	DEN NAME	
•				buylor	00	RRINE	
				V		RRINK	
l a	no or naknowa)	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
	e, no or name now by	(Jos, Breo war or date	a or por vice)	SECURITY NO.	O. Chen'y		
				_		130	Itimore IND
1	18. 777/	V		CAUSE	OF DEATH		INTERVAL BETWEEN
	1.10						ONSET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEA	DIRECTLY	7	20000		
	(This does	not mean the mode	of dying, e. i	g., (A)	REMATL	JRITY	8 hours
	heart failu	re, asthenia, etc. It mes	ans the diseas	ie,			
	injury or	complication which	caused death	a.) DUE TO			
		ANTECEDENT CAUS	SES				
-				- Call			
5	DISEASES	OR CONDITIONS,	F ANY GIVE	(B)			
	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE DUE TO			
Ċ	UNDERLY	ING CONDITION L	AST.				
2							
3		11		(C)			
	OTHER S	IGNIFICANT COND	ITIONS CO.	,			
		TO THE DEATH, BUT					
)	TO THE D	ISEASE OR CONDITION	CAUSING I	т			
1	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
3							YES NO
2	21A. ACCIDE	NT. SUICIDE.	1 21B. PLA	CE OF INJURY (e.g., in	or 21C. WHERE DI	D (If in Baltimore City,	
1	HOMICIDE	(Specify)	about bome, f	erm, factory, atreet, office bldg.,	tc.) INJURY OCCUR		Bare chart journally
4							
1	210 TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
	NJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK			
	00 7 7 . 7	1.0 17 17 17	2 2 .7		8-25 1050	. 9-05 101	F0 .7 . 7
		y certify that I att		deceased from	0 63, 1952	to 8-25, 195	that I last saw the
	deceased al	ive on 8 25	. 19_52.	and that death occur	red at 4 : 20 Pm.	from the causes and on	the date stated above.
	23A. SIGNAT		1	12		niversity Hospi	
		De	herin	an			
			7	M. D.	1saltimo		8.25.52
24	AA. BURJAL, CON, REMOVAL (S	REMA- 24B. DATE	1	24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	n, or county) (State)
14	Crematio	. 04 .	50	Del 41		700 m	3+5
-		The state	26	Baltimore City	Morgue	700 Fleet St. Ba	ltimore, Md.
	ATE RECEIVED		SSIGNATE	RE	25. FUNERAL DIRE	CTOR	ADDRESS
100	CD 7 - 16	(5) Tuntu	ston 1	Villiams M.D.	131h	her 700 Fleet	C+
1		Jie Ja	7	man, m	11 horas	100 Fleet	30.
-	VS 150		0	4-40 A	0 0 0 0	0 1 0	
			100	1 13 12 13		2 0 0	



BALTIMORE CITY HEALTH DEPARTMENT

700 Fleet St.

CERTIFICATE OF DEATH Registered No. BIRTH NO. 5 2 - / 8 1. NAME OF DECEASED 2. DATE (Type or Print) OF PABU DOY DM 1775 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION LINERS IN location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMURE D. STREET ADDRESS (If rural, give location) Yrs. Mos. CARROL TON c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE J. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under 1 Year | | Under 24 Hours last birthday) | Months; Days | Hours; Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (GivekIndof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work doos during most of worklog life, even [fretired] INDUSTRY LAND LAND NFANT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMES OMITH. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, notor uokoowo) (If yes, give SECURITY NO. MATTER 18. 64. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TREMATURING ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL 218. PLACE OF INJURY (e. g., In or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT , to 8 22. I hereby certify that I attended the deceased from 8/12 19 , 19 that I last saw the 1952, and that death occurred at/20 depensed alive on 8/24 Pm., from the causes and on the date stated above. 234 SIGNATURE 23C. PATE STONED 238. ADDRESS 24A. BURIAL, CREMA-248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) Baltimore City Morgue 700 Fleet St., Baltimers, 28 Aug 1952 Cremation DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

1	
52	8265
BIRTH NO).
1. NAME Type or P	OF DECEASE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8265
Registered No.

2. DATE

Malvin insleu 8-23-52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Maryland A. STATE B. COUNTY before admission) , las FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location (If outside corporate limits, write RURAL and give NSTITUTION o. STREET ADDRESS (If rural, give location) Yrs. Mos. 630 W Franklin th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | # Under 1 Year | # Under 24 Hours last birthday) | Months Days | Hours Min. 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Unemploy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ames 15. WAS DECTASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 825€ INTERVAL BETWEEN 2011 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (over) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATIO Sex evelous moved amenthesia 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK deceased alive on Cy, 22, 1952, and that death occurred at 102 A.m., from 23 A. SIGNATURED 1950. , 195 that I last saw the A.m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-240. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Macus No. VS 150

See Document File 52-8265
Dr. Silverman, Director, Bureau of Tuberculosis investigated. Full findings in memo — in short—
"Myocardial infarction and congestive heart failure"
9/15/52 ES

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If writintion residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION COHNS HOPKINS HOSPITAL Yrs. O. STREET ADDRESS (If rural, give location Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | 11 Under 1 Year | 11 Under 24 Hours last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED WOOWED, DIVORGED (Specify) TOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or nuknown) A yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. MOHNS HOPKINS INTERVAL BETWEEN 18. 260 X CAUSE OF DEATH ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED IME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? NOT WHILE! AT WORK 1952 that I last saw the 22. I hereby certify that I attended the deceased from. 19 52 and that death occurred at 9.55 Pm., from the causes and on the date stated above. deceased alive on 23A, SIGNATUR 23c. DATE SIGNED 4A. BURIAL, CREMA-ON, REMOVAL (Specify) 24D. LOCATION (City, town, or county) ADDRESS ATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE OCAL REGISTRAR VS 150

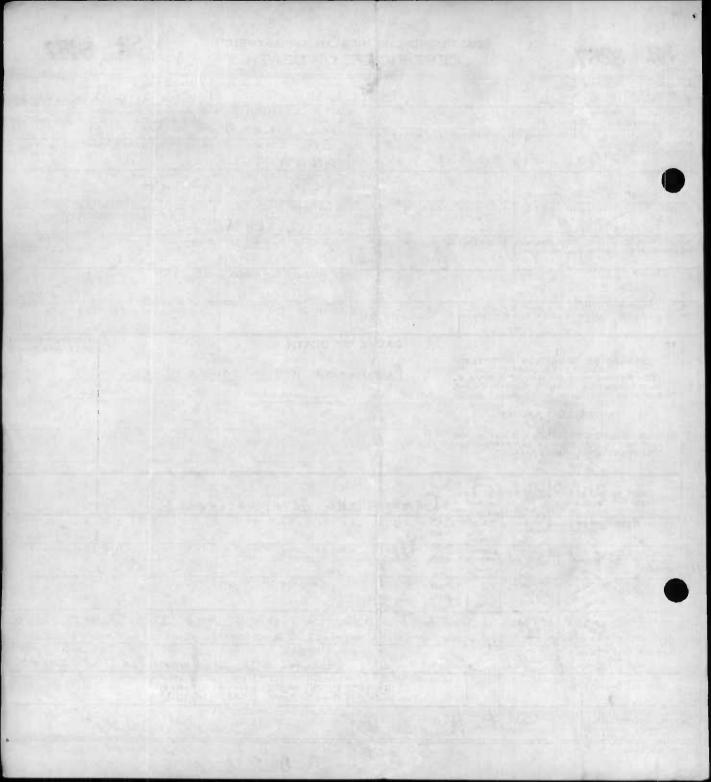
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) OF WOOLEN 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland MARYLAND (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNION MEMORIAL HUSPITAL ANNAPOLIS o. STREET ADDRESS (if rural, give location) WEST c. Length of stay in Baltimore Days 9. AGE (in years | ff Under 1 Year | ff Under 24 floors last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10P KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH W PNEUMONIA, RIGHT LOWER LOBE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED JEMERALIZED ARTERIOSCLEROSIS TO THE DISEASE OR CONDITION CAUSING IT. Ū 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY deceased alive on Av., 20, 1952, and that death occurred at 455 Am. from the causes and the last saw the 23A. SIGNATURE & Hospital 248, DATE 24c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

illacus Mi

LOCAL REGISTRAR

VS 150



240 52 8268

BIRTH NO.

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:
A. Baltimore City, Mai
B. FULL NAME OF (If HOSPITAL OR INSTITUTION) BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 8268

BIRTH NO.	3600		CERTIFICAT	E OF DEATH	Registereu	140.
I. NAME OF I Type or Print)		H. mirl	noel.		2. DATE OF DEATH	t.5#1952
	City, Maryland L	1182.3	inwood a	4. USUAL RESIDENCE		f institution : residence before admission
E. FULL NAME HOSPITAL OR NSTITUTION	OF (II not in nos	pital or instituti	on, give street address or location)		(If outside corporate limi	its, write RURAL and give township
th of	stay in Baltimore	Lile	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	ve
Male	6. COLOR OR RAC		MARRIED, ED, DIVORCED (Specify)	Sel-19788	9. AGE (In years last birthday) M	ff Under I Year II Under 24 Hours Onths Days Hours Min.
Nachu	CCUPATION (Give kind tof working life, even if retire	lof 10B. KIND	OF BUSINESS OR HOUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S	mich	all	yochone They	Mary Mi	ller	
es, no or unknown	SED EVER IN U. S. ARM		16. SOCIAL SECURITY NO.	Dora Micha	rel 418 h. L	Insurod an
18. 00			CAUSE	OF DEATH		INTERVAL BETWEEN
(This doe heart fail	LEADING TO DE es not mean the mod lure, asthenia, etc. It n r complication which	EATH e of dying, e.g neans the disease		burdores		- Fr.
	ANTECEDENT CA	USES	See	fiction :	endi- v.	and the
RISE TO	ES OR CONDITIONS THE ABOVE CAUSE (LYING CONDITION	A) STATING TH				
	of February		(c)			
TRIBUTIA	SIGNIFICANT CON NG TO THE DEATH, BU DISEASE OR CONDITI	JT NOT RELATE	D			
19A, DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., i rm, factory, street, office hidg.,		(If in Baltimore City,	give exact location)
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		ttended the	deceased from 71	4/52, 19_, to_		
deceased of		L, 1952.		rred at 1 A. m., from	the causes and on	the date stated above
Ot	nearly,		Decreed, M. D.			
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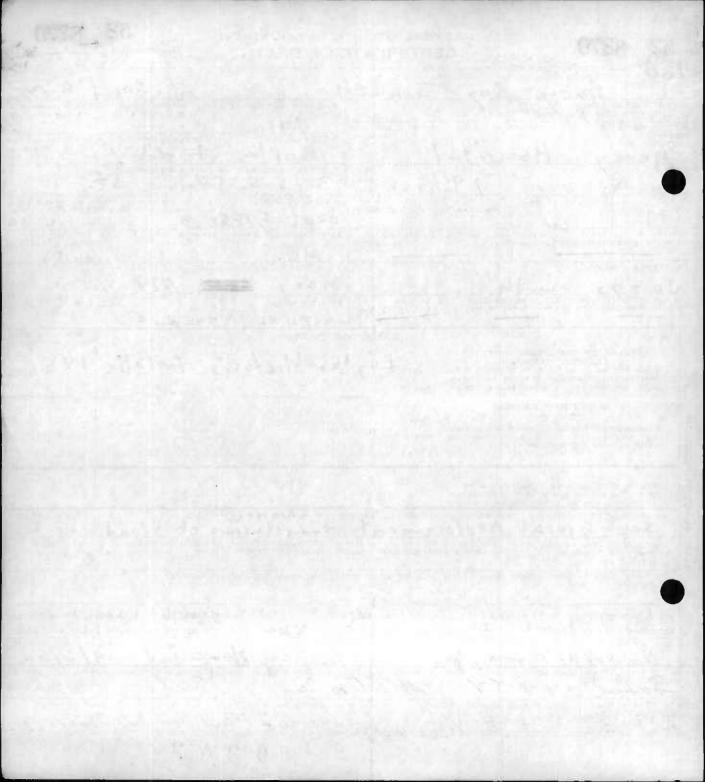
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1	52 82	269		CERTIFICAT	EALTH DEPARTMENT	Registered N	oz 8269
В	IRTH NO.						
	NAME OF D Type or Print)	BESS	ie h	OLFE		2. DATE OF DEATH	SEPT 1952
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V		institution : residence before admission)
B.	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institut	ion, give street address or	ny		
IN	STITUTION	Kitheran	Hes	6 A had	c. CITY OF TOWN (If	outside corporate limit	s, write RURAL and give township)
			7.4 3	Yrs. Mos.	D. STREET ADDRESS	rural, give location)	47.
		tay in Baltimore	34 Y	TS Days	25///00	K Height	o mace
5.	SEX	6. COLOR OR RACE	WIDOW	MARRIED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under l Year If Under 24 Hours nths Days Hours Min.
1 C	DA. USUAL OC	CUPATION (Give kind of of work that his even if retired)	Mari 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF
	H.	Wile	own h	iome	Russe		WHAT COUNTRY?
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		man Pats			Sarah ??		A CONTRACT OF THE
1 S Ye	5. WAS DECEASE a, uo or unkuown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr Morris Wolfe	2517 ParkHei	obress Terrace
	18 1/20	. 1 and 2	604	CALLEE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION		CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	- (oncestine of	aclure	9 dans
	heart failu	not mean the mode re, asthenia, etc. It mes complication which	ans the diseas	e,	7		/-
		ANTECEDENT CAU		(,-7	- O T C	UD God	
	DISEASES	S OR CONDITIONS, HE ABOVE CAUSE (A)	IF ANY, GIVIN	(B)	morellione -		
2	UNDERLY	ING CONDITION L	AST.	0		01.	
	01110397			(C)	conary une	efficiency	
	OTHER S	II IGNIFICANT COND	ITIONS COM				
1	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D // 1	betes meller	us	
,				FINDINGS OF OPER	ATION		20. AUTOPSY?
2							YES NO X
	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		f in Baltimore City, g	rive exact location)
IAT	ZAN TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	HJURY			WORK NOT WHILE			
	22. I hereby	y certify that Lati	tended the	deceased from 8	78/52, 19_, to_	9/6/5219	, that I last saw the
	deceased al	ive on 9/5/5	19 1	and that death occur	red at 2:20 an., from ti		
	23A. SIGNAT		1. 1.		3B. ADDRESS		23C. DATE SIGNED
	Mul	iny (. h	4 Dear	rann M. D.	Lutheran He	sp.	6 Sept. 1952
24	AA. BURIAL C ON REMOVAL (S Burial	pecify) Sept 7,		Beth Isaac Ad	as Israel Cemeter	Y Baltimon	
D	ATE RECEIVED				25. FUNERAL DIRECTOR		ADDRESS //2/I
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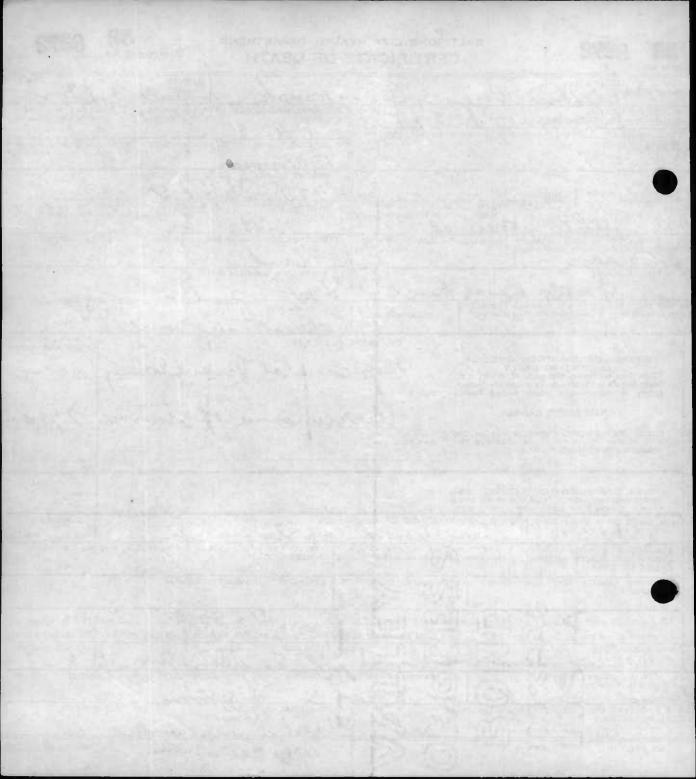
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650	52 8271
52 8271 BALTIMORE CITY HEA	ALTH DEPARTMENT
BIRTH NO. 10 -06601	
(Type or Print) - SOITH BRYAN, B	RYAN 2. DATE OF 9/6/52
A. Baltimore City, Maryland UNIVERSITY HOSPITAL	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE P.)COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR / location)	MARYCAND DACTIMORE
INSTITUTION UNIVERSITY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, white RURAL, and give DALTINIORS 26-34 township)
c. Ength of stay in Baltimore 28 Wos	o. STREET ADDRESS (If rural, give location)
	8. DATE OF BIRTH 9. AGE (In years fi Under I Year It Under 24 Hours
T WIDOWED, DIVORCED (Specify)	4/50 last birthday Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work dane during most of vorking lip, even if retired)	11. SITTHPLACE (State or foreign country) 12. CITIZEN OF WHAI COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
MOLYNEAUX BRUGO	Doris Tours
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn nr unknnwn) (If yes, give war or dates nt geryice) SECURITY NO.	17. INFORMANT ADDRESS
CAUGE O	Fr DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	yla Oledic Lee Lenice
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
(6)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT.	
19A DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
7 None	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, affice hidg., etc.	ar 21C, WHERE DID (If in Baltimore City, give exact location)
TiMe (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	2 1F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	+,
22. I hereby certify that Vattended the deceased from.	7/2 1957 to 9/6 , 1957, that I last saw the
deceased alive on 9/6, 1957, and that death occurr	ed at m., from the causes and on the date stated above.
	B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE / 24C/NAME OF CEMETER	Y & CREMATORY 24b. LOCATION (Circl) ywn, or (cyclyly) / (State)
BURIAL 9/8/52 Mineland	way long to att i here
DATE RECEIVED BY REGISTRAR'S SIGNATURE,	25 FUNERAL DIRECTOR ADDRESS
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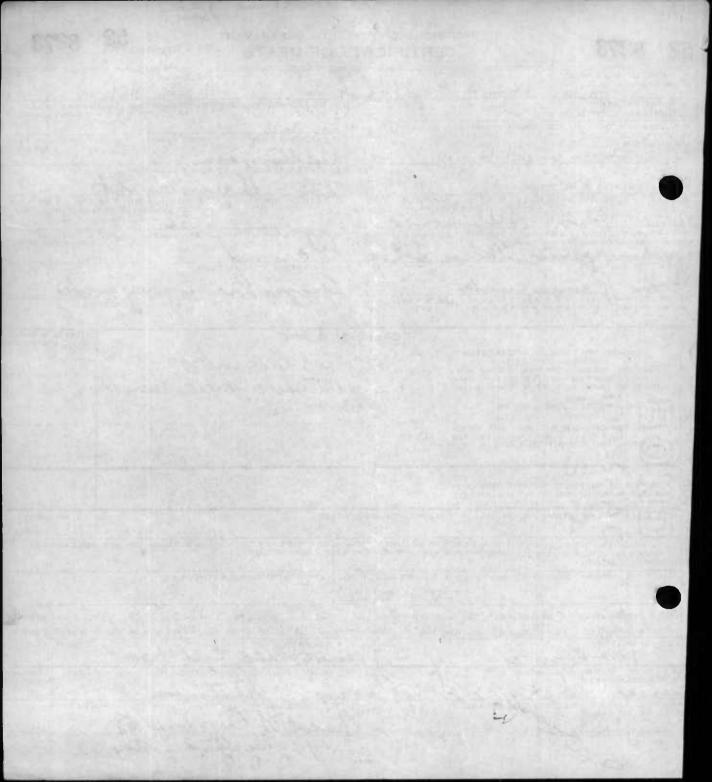
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52 BIRTH NO	8272			MORE CITY				Reg	52 istered No	8272	
Type or Pr	of DECEAS	lbert &	Vojei	ech B	ueg	Kous?	kj	2. DATE OF DEATH		4/5 v	
	ore City, M	Iaryland 40		hand had had had had had had had had had ha		STATE CITY OR TO		B. CC	YTNU	before admission	_
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rk done flutin	most of working	life, even if retired)		INDUS		Polan	MAIDEN NA			WHAT COUNTRY	-
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Yes, no or unk	nown) (If ye	s, give war or dates o	of service)	16. SOCIAL SECURITY N	10.	Theren	Bu	2/20	usci	REPS	-
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2		EDENT CAUSE		(B) Le	lar	eino	~a/	75%	may	2400	9
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deceas	nereby eert ed alive on GNATORE	ify that I atter			oeeurred	7	51, to 9 m., from t)	he causes		that I last saw to date stated abov 25c. DATE SIGNE	ϵ
24A BAYR	oh CREMA	24B DATE	erl-	C. NAME OF CE	METERY C	8025 OR CREMATO	RY 240 LO	DCATION (City, town, or	9-6-52	_
Quire	VAL (Specify)	Sept. 8	SIGNATUR	Holy Ro	pary 19	FUNERAL I	DARECTOR	imac	<i>F</i>	ADDRESS	
SFD.7	- 1952	Huntis	gton V	Villiams,	MX Z	red)	W.O2	a con	rolli		
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8273

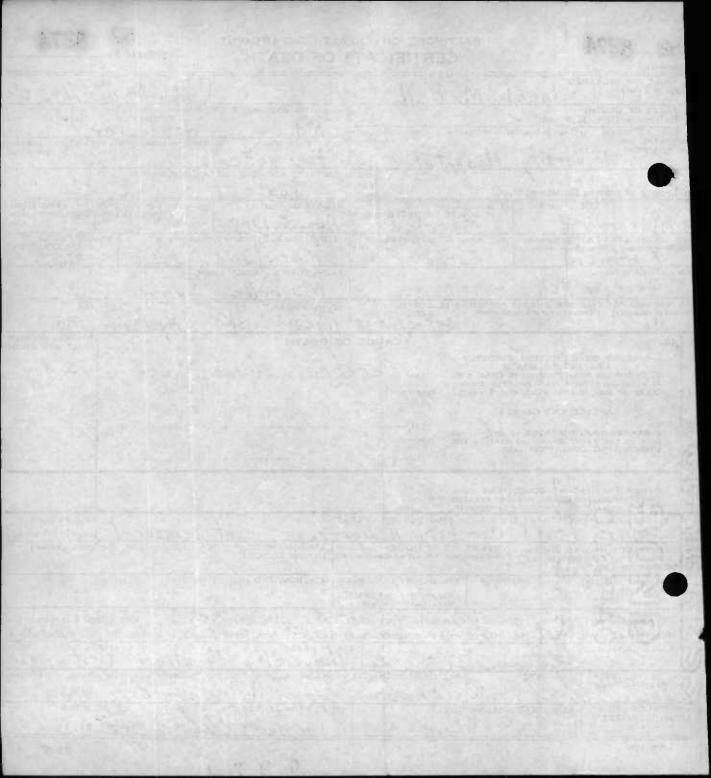
BIRTH NO.	
NAME OF DECEASED Type or Print) Stella Dopilek Popiole	L 2. DATE OF DEATH 96 52
B. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission)
. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
outh Jaltimore General Hospital	Ballingera 26-09 township)
gth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In ears if Under I Year If Under 24 Hours last birthday) Months: Days Hours; Min.
OA. USUAL OCCUPATION (Give kind of 1 108. KIND OF BUSINESS OR	11/SIRTHPLACE (State or foreign country) 12. CITIZEN OF
Rachen Openia Jacks Jacks	
3. FATHER'S NAME (Luthing (M)	14. MOTHER'S MAIDEN NAME
S. WAS DECEASED EVER IN U. S. AMED FORCES? 16, SOCIAL	anna Drongoszewski
S. WAS DECEASED EVER IN U. S. A MED FORCES? (If yes, give war a dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT O ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	beel beworkinge Desternine Cordio nasculor
UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY?
194. DATE OF OPERATION O 195. MAJOR PINDINGS OF OPER	YES NO V
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., cause of death	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 910	152 , 19 , to 9 6 52 , 19 , that I last saw the
deceased alive on 916152, 19 and that death occur	rred at 3:46 A. m., from the causes and on the date stated above.
W. W. Couvey M. D. C	South Belt Gent Hosp. 23c. DATE SIGNED
4A. BURÍAL, CREMA- DN, REMOVAL (Specify)	RY OR CREMATORY AD. LOCATION (City, town, or county) (State)
ATE RECEIVED BY REGISTRATE SIGNATURE OCAL REGISTRATE Tunturator Williams Man	tred to Ozazewski
VS 150	1930 Carpin Day



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8274 degistered No.

	E OF DEATH	Registered No.	
IRTH NO.		2. DATE	
Type or Print) Jacob M. Bell		DEATH SEPT.	6,1952
. PLACE OF DEATH:	4. USUAL RESIDENCE (W	here deceased lived. If inst	itution: residence before admission)
. Baltimore City, Maryland . FULL NAME OF (If not in hospital or institution, give street address or	L M	Worcester	
OSPITAL OR location)	C. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)
University Hospital	Poco mo he		
Yrs. Mos.	o. STREET ADDRESS (If	rural, give location)	0
c. Length of stay in Baltimore O Days	B. DATE OF BIRTH	Lo a SE de manuel de llede	r 1 Year H Under 24 Hours
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years 1 Under Month	or l Year H Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) [12	. CITIZEN OF
ork done during most of working life, even if retired) INDUSTRY		icigii country)	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME	4.5.
George Bell	May 11	0	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Maybelle	Connor	PECC
Yes, no or, unknown) (If yes, give war or dates of service) SECURITY NO.	PLOS LISK	H. # ADDI	Md
No 17/5-01-6/35	OF DEATH	TIYELLSYLLE	INTERVAL BETWEEN
	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ebral Hemo	rrhage	12 days
heart failure, asthenia, etc. It means the disease,			
injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	••••••••••••••••••	***************************************	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.			
(6)	•••••••••••••••••••••••••••••••••••••••		
OTHER SIGNIFICANT CONDITIONS CON-			
TRIBUTING TO THE CEATH, BUT NOT RELATED			
TO THE DISEASE OR CONDITION CAUSING IT.	RATION	, ,	20. AUTOPSY?
Sept. 6,1952 Cerebral Hemo	rrhage, right	temporal	YES NO
21A. ACCIDENT WAS UNDER.		f in Baltimore City, give	exact location)
LYING OR CONTRIBUTING about name, tarm, taccory, street, times bidg.		,	
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURS	ED 21F. HOW DID INJURY	OCCUR?	
m. WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from Se	of 5 , 1957, to Se		hat I last saw th
deceased alive on Sept. 6, 1952, and that death occu	rred at 1:30 p.m., from to	he causes and on the	date stated above
	23B. ADPRESS	1 11 13	3c. DATE SIGNED
C.C. Olemell M.D.	ERY OR CHEMATORY 240/L		county) (State)
242 BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETI	The state of the s	helita	m.l.
DATE RECEIVED BY REGISTRANS, SIGNATURE	25/FUNERAL DIRECTOR	W COOK	pokess /
LOCAL REGISTRAR Thurtungton	1/6	latres Pi	mar los
DEFO MELLA MELLA	() rounner	austy Jok	omorrida
VS 150	0000		mu.
1004	827		



400	× 52	0000
52 8275 BALTIMORE CITY HE CERTIFICAT		8275
NAME OF DECEASED Type or Print) Elias F. Michl	2. DATE OF DEATH SEP 7	- 1952
PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY C. CITY OR TOWN (If outside corporate limits, w	before admission)
JOHNS HOPKINS HOSPITAL Yrs.	Typone D. STREET ADDRESS (If rural, give location)	township)
E. Length of stay in Baltimore Mos. Days	Rt. 1	
male white married (Specify)		s 1 Year If Under 24 Hours S Days Hours Min.
OA. USUAL OCCUPATION (Give kind of or kind of business or producing most of working kife, even if rathed) Day gugl harly have a	11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF WHAT COUNTRY:
13. Extreme NAME	Mary Whetelow	il
15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yee, so or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDI	RESS
18. 15/X CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, lnjury or complication which caused death.) DUE TO	cirentosis, ablowind	3miths
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	insme of stomach	6 mil
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 19B. MAJOR FINDINGS

20. AUTOPSY YES X (If in Baltimore City, give exact location)

ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) 21c, WHERE DID INJURY OCCUR?

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE WORK

1952, that I last saw the 22. I hereby certify that I attended the deceased from. 1952, and that death occurred at. m., from the eauses and on the date stated above. deceased alive on. 234 SIGNATUR

24B: DATE

23B. ADDRESS

23c. DATE SIGNED

24A. BURIAL, GREMA-TION, REMOVAL Specify)

JOHNS HOPKINS 24c, NAME OF CEMETERY OR CREMATOR

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

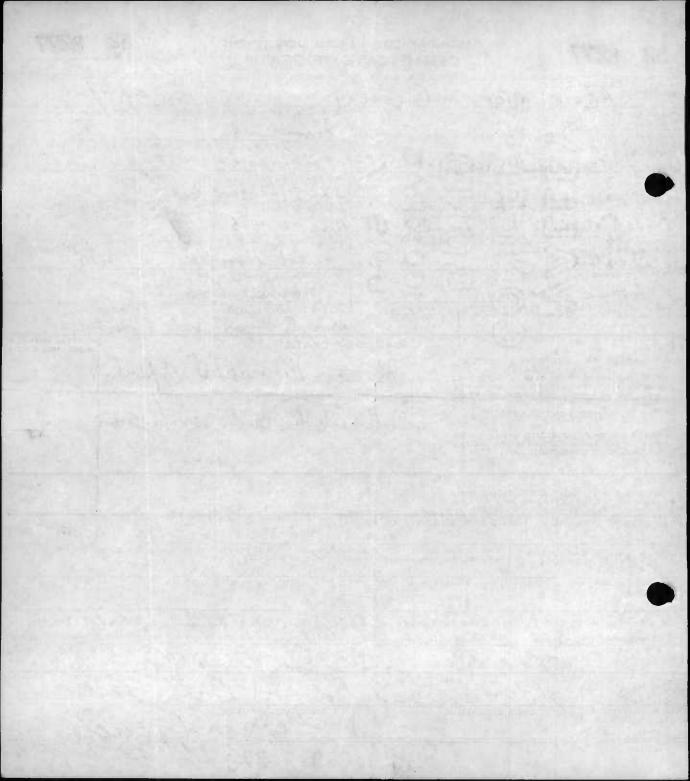
ADDRESS

VS 150

MEDICAL

3	30							
					*		52	8276
В	52 IRTH NO	8270	6	BAI	CERTIFICATI	E OF DEATH	Registered No.	
1.	NAME O	of DECEA	RREN EUG	ENE SI	MITH		of Sept.	5, 1952
		or DEATH	Maryland			4. USUAL RESIDENCE (V		itution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or					ion, give street address or location)		Balt1more	mite DIIDAI J. t
institution 3221 Elmora Avenue					enue	Baltimore	outside corbinate filmits, w	township)
c. Agth of stay in Baltimore Yrs. Mos. Days					Mos.	D. STREET ADDRESS (If 3221 Elmora		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married					/ED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 27, 1924	9. AGE (in years last birthday) Months	
1C wor	k done during	L OCCUPA most of worki Manag	ng life, even if retired)	10в. KINE A.P.Te	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore, M		CITIZEN OF WHAT COUNTRY?
13	. FATHE	R'S NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	growing stre(1)	14. MOTHER'S MAIDEN N		3 1 1 1 1
-			Smith			Blanche Dayh	off	
(Ye	e, no or unk	nown) (If	R IN U.S. ARME yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Patricia B	.Smith-3221	
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED CAUSE OF DEATH (A) Cevebral hemorchage 3 hr: (B) Hyperfensive Cardid-Vascubr (B) Hyperfensive Cardid-Vascubr (C) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					3 hrs.			
U		TE OF OP	ERATION 1		FINDINGS OF OPER			20. AUTOPSY?
SAL			0					YES NO V
MEDICAL	HOM!C	CIDENT, S	ecify)	about home,	ACE OF !NJURY (e. g., in farm,factory,street,office bldg.,e	n or 21c, WHERE DID (1 bb.) INJURY OCCUR?	If in Baltimore City, give	exact location)
2		ME (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
	22. I h	ereby cer	tify that I att		deceased from 2-			hat I last saw the
ı		ed alive o	n 9-5-	1951		red at 3 4 A m., from t		late stated above. 3c. DATE SIGNED
	7	nels	on C. h	aug	м. д.	2117 Belaux	Rd (13)	9-6-52
TIC		AL, CREMA AL (Specify		/	P1ke Creek-C		croll County	
		GISTRAR	REGISTRAR Hunt	SSIGNATI	Williams Abo	A SANDER E Broad	NS. Inc	DDRESS
	VS 1	50	64.5	7	= 298-6A	8 2 7 5	Lengis	Bands

626	
52 8277 BALTIMORE CITY HE CERTIFICATE	
NAME OF DECEASED Type or Print) ARDIE WILLIAM GRECOR	2. DATE OF DEATH 9/7/52
PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) NȘTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Union Memorial Hospital	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Mos. Days	3218 Harford Road,
hale 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	aug 16, 1905 49
DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTRY	11. B(RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Wefe ADDRESS Marie & Gran - 3218 Harry Road
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Myocardial Infarthin Schrotie Cardio varcular direct
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOBSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING bloth borne, farm, factory, street, office bldg., cause of Death	
JURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 81	114 1953, to 9/7 , 1953, that I last saw the
Wacracraft M.D.	23B. ADDRESS 123C. DATE SIGNED 9-7-52
AA BURIAL, CREMA- 24B. DATE 24c NAME OF CEMETE	EXACTEMATORY 24D. OPATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNEBAL DIRECTOR ADDRESS
SEP 8 - 1952 Huntington Williams, My	and all care hald
0328	2 8 1 4 NA NV 2302 LANDER



AB-162429 BALTIMORE CITY HEALTH DEPARTMENT 8278 Registered No. CERTIFICATE OF DEATH 2. DATE I. NAME OF DECEASED (Type or Print) George Albert Walter Sept. 7-1952 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Mary Land (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore 4940 Eastern Ave. D. STREET ADDRESS (If rural, give location Yrs. Mos Life 2913 Kildair Drive zone 14 c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Nov. 27-1878

9. AGE (in years if Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekindof) IOB. KIND OF BUSINESS OR 12. CITIZEN OF opadooe durlog most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland naeneer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Otillie (Ottilie) 1,5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORM Baltimore City Hospi ADDRESS (If yes, give war or dates of service) Yes no or unkoowo) SECURITY NO. Records: 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Carcinoma of lung heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Metastases heart disease CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

21c. WHERE DID

INJURY OCCUR?

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour)

WORK

22. I hereby certify that I attended the deceased from 8-26-

19 52, and that death occurred at 3.304m., from the causes and on the date stated above. deceased alive on 9-7-23A. SIGNATURE

24A. BURIAL, CREMA-24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

4940 Eastern Ave., Baltimore, Md. 9-7-1952 5305

ADDRESS

20. AUTOPSY

23c. DATE SIGNED

(If in Baltimore City, give exact location)

. 152 to9-7- 19 52 that I last saw the

VS 150

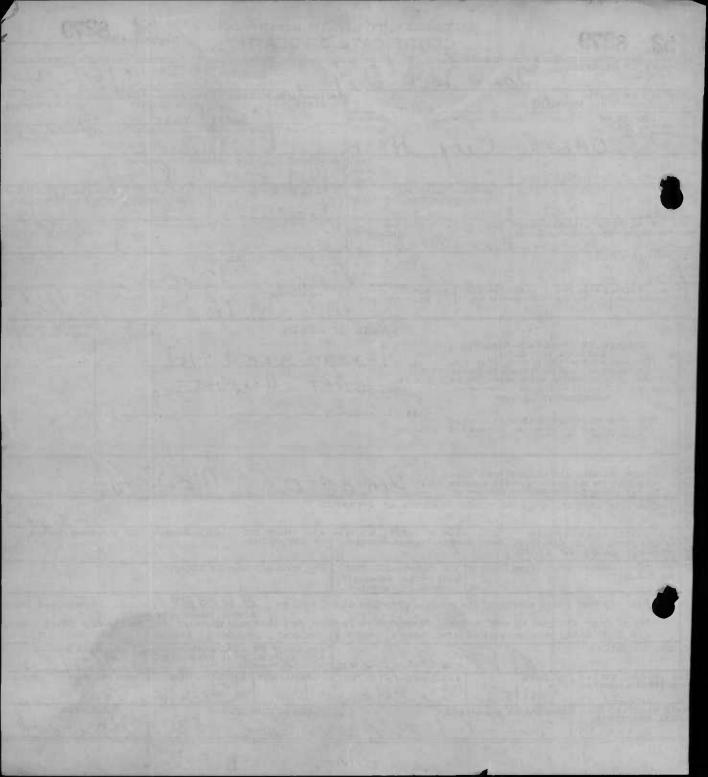
DATE RECEIVED BY

LOCAL REGISTRAR

EDICAL

Stubel . Stall Russ. Francisco and the second of the second o

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN outside corporate limits, write RURAL and give INSTITUTION township) mare D. STREET ADDRESS (M rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year BIRTH/ WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Mako IOA. USUAL OCCUPATION (Give kind of work done during most of norting life, even if retired) BUSINESS OR 194. KIND OF T. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY mases 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME acon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or SECURITY NO. INTERVAL BETWEEN 420.0 and 260x CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RYERIO SCLEROTIC (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HEART DISEASE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) MELLI TUS OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident , suicide , homicide , undetermined . 23A, SIGNATURE MEDICAL INVESTIGATOR .. 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CHAMATORY 240. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR Villiams. V S 151



BALTIMODE CITY HEALTH DEPARTMENT

52 8280

ne or	200		CEDTIEICATI	OF DEATH	1	Registere		700	
BIRTH NO.			CERTIFICATI	OF DEATH	7	registere	4 110,		
. NAME OF D Type or Print)	DECEASED KATI	HERINE	D. KLAUNI	BERG		2. DATE OF DEATH S	EPT,5,	195	2
B. PLACE OF D	City, Maryland			4. USUAL RESIDE	NCE (WI	here deceased lived B. COUNTY	l. If institution	n : reside	
FULL NAME		al or instituti	on, give street address or	Mary	land	-6-2-50			
HOSPITAL OR NSTITUTION	2919 Kir	ck Aver	location)	c. CITY OR TOWN Balt	imor	outside corporate li	mits, write R		nd giv vnship
Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE) //		
emale	6.COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 22, 1		9. AGE (In years last birthday) 59			
OA. USUAL OC prk done during most lothing	CCUPATION (Give kind of tof working life, even if retired) Operator	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or for			IZEN OF AT COU	
3. FATHER'S			(M)	Baltimore,	DEN NA	ME			
William	H. Klaunbe	rg	(/ -Ar	Rose Cosgr	ove				
5. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
		,	SECORITI NO.	Mrs. Charl	es E.	. Waggner	2919	Kir	k
(This doe heart fail injury or DISEASE RISE TO LINE FOR THE PROPERTY OF THE PR	SE OR CONDITION LEADING TO DEA LIVE THE ABOVE CAUSE (A) LYING CONDITION LA	FH dying, e.g ns the discase saused death. GES F ANY, GIVIN STATING TH	dater	neary The cosclerate cular Al			2:	3-M	4 4.6
TRIBUTIN	SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	D					*****	
194 DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			YES		NO [
	DENT WAS UNDERDER CONTRIBUTING	21B. PLA about home, f	CE OF INJURY (e. g., i arm,factory,street,office bldg.,	or 21C. WHERE DI	ID (If	in Baltimore Cit	ty, give exac	t location	n)
TIME	(Month) (Day) (Year)		VHILE AT NOT WHILE WORK	ED 21F. HOW DID	INJURY	OCCUR?			
22. I herei	by certify that I att		deceased from 2.3-	March, 1946	, to 5	Sept 1	that 1	last so	iw th
deceased o	ilive on S-Sept	, 1957	and that death occur	red at D. F.m.,	from th	e causes and or	n the date	stated	abov
23 TSIGNA	AW Gelru	redr	м. р.	29 Hi The	ala	meda	6-5	PLATE SI	195
Burial	Specify)	52	Woodlawn C	0		cation (City, to		,	State)
Dalital	3/	UN			100	TOTHOTO,	med y 1	Lailu	

Cemetery Baltimore, Maryland
J. Flunkas Difference Address
Lebnard J. Ruck, 5305 Harford Road

DATE RECEIVED BY | REGISTRAR'S SIGNATURE

. Edmonds

CERT OF THESE

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Louis and Company of the Company Compa

Latter of the city 8525 Harrison dos

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8281

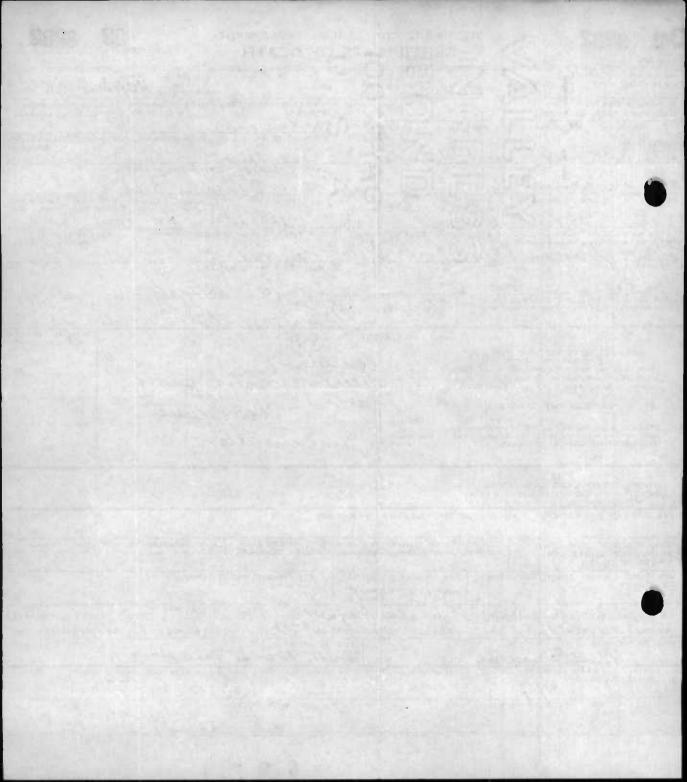
BIE	RTH NO.			OZIVIII TOTVI				
	NAME OF D	ECEASED				2. DATE		
			MAF	RY HUT	CHISON	DEATH Se		
	Baltimore (City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived, B. COUNTY	If institution : residence before admission)	
B. F	ULL NAME		al or institut	tion, give street address or	9.0	yland	704010 WWZUDIOZI)	
HO	SPITAL OR STITUTION	5505		location)	c. CITY OR TOWN	(If outside corporate lin	mits, write RURAL and give	
N	()	5723 N	asco	Place	Bal	timore	27-3 (township)	
				Yrs.		SS (If rural, give location)	1	
	ength of s	stay in Baltimore		Mos. Days	5723 Na	asco Place		
5. 9	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	il Under 1 Year It Under 24 Hours Months Days Hours Min.	
fe	emale	white		lo wed	MAR 4-18		Months Days Rours Min.	
104	. USUAL OC	CUPATION (Give kindel	I 10B. KIND	O OF BUSINESS OR	11. BIRTHPLACE (S	state or foreign country)	12. CITIZEN OF	
WOLK	at hon	of working life, even if retired.		INDUSTRY	FNOLONI		WHAT COUNTRY	
13.	FATHER'S				14. MOTHER'S MA	IDEN NAME		
	John	Bullock	-		ander		V	
15.	WAS DECEASE	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	7191865			
(Yes,	no or unknown)	(If yes, give war or date	os of service)	SECURITY NO.	17. INFORMANT	May Daylo	ADDRESS 5/23	
-	/ 5				MAS. DRA	sted THINGSON	V - NASCO P	
	18. 4 20	2.2-1		CAUSE	OF DEATH	* ************************************	ONSET AND DEATH	
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY	9)	2 1	
	(This does	not mean the mode are, asthenia, etc. It mes	of dying, e. s	g., (A)	conchi-	neum	de supo.	
		complication which						
		ANTECEDENT CAU	SES	s M				
z	1000000			(B) Why	sauful	2 sollars	/ stre.	
[[은]	RISE TO T	S OR CONDITIONS, I	STATING TI	NG HE DUE TO	of Aposts	Ly	/	
[2]	UNDERLY	YING CONDITION L	AST.	(C)	inility			
FICATION					2			
RTI	OTHER S	II SIGNIFICANT COND	ITIONS CO	u_	V			
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D many				
U.				FINDINGS OF OPER	RATION		20. AUTOPSY?	
AL		0					YES NO	
DICA	21A. ACCID	ENT WAS UNDER-	218. PL	ACE OF INJURY (e.g.,	in or 21c. WHERE D	ID (If in Baltimore City	y, give exact location)	
	LYING OI	R CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUI	R?		
Σ -		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F HOW DID	INJURY OCCUR?		
	INJURY	(2000) (200)		WHILE AT NOT WHILE		moon, oooon,		
			m.	WORK AT WORK				
	22. I hereby certify that I attended the deceased from & 245 , 19 , to 9 - 6 - 52, 19 , that I last saw the							
		live on 9/4,5	2, 19,	and that death occur		from the causes and on		
	23A. SIGNA	/ > /	n	7	23B. ADDRESS	20 mg	23c. DATE SIGNED	
	-Ja / /	Harmas		M. D.	///06.	23 79	9-63/	
	A. BURIAL,		3 3 3	24c. NAME OF CEMETE	TRY OR CREMATORY	24b. LOCATION (City, to	wn, or county) (State)	
4	Burial	991	12	OAKLAW		DALIO	140.	
	TE RECEIVE CAL REGIST		'S SIGNATI	JRE	25. YUNERAL DU		ADDRESS	
BF	P8 - 19	2	1- 1	17in	Rednard J.	Ruck, 5305	Harford Rd.	
	VS 150	The state of the s	41-00-1	Imalu -, m.	V			

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ard w flack, 5005 Hard plot ed.

- EOR B. E BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH IRTH NO OF Sapt. 5 1952 NAME OF DECEASED 2. DATE Type or Print) PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY Baltimore City, Maryland A. STATE before admission) FULL NAME OF (If not in hospital or institution, give street address or unne OSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN Yrs. D. STREET ADDRESS (If rural, give location) Mos. h of stay in Baltimore HNNAPOLIS Days DOAG 9. AGE (in years | H Under | Year | H Under 24 ments | Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 69 Widowed II. BIRTHPLACE (State or foreign country) A SUAL OCCUPATION (Give kind of) IOD. KIND OF BUSINESS OF 12. CITIZEN OF daring most of working life, even if retired) WHAT COUNTRY? MARY 1AND B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George ATTORSON 5. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO m -lima INTERVAL BETWEEN 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21c. WHERE DID INJURY OCCUR1 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. Thereby certify that I attended the deceased from Aug. 31 195 to debt. 5 . 195 that I last saw the deceased alive on SEPT. 5 and that death occurred at 8:00 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-24D. LOCATION (City, town, or county) 248. DATE 24c, NAME OF CEMETERY OR CREMATORY (State) N. REMOVAL (Specify) TE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE CAL REGISTRAR

VS 150



52 8283

52 8283 CERTIFICAT	E OF DEATH Registered No.
NAME OF DECEASED Phillip Seidel	2. DATE OF September 7,195
. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
FULL NAME OF (If not in hospital or institution, give street address or location NSTITUTION Sind; Hospital of Baltimure I.	C. CITY OF TOWN, (If outside corporate limits, write RURAL and giv
Yrs. Mos. 29 Hos. Baltimore	D. STREET ADDRESS (If rural, gire focation)
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specifs	8. DATE OF BIRTH 9. AGE (in years II Under 1 Year last birthday) Months: Days Houre Min
IOA. USUAL OCCUPATION (Givekind of Open KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
Maron PMP.	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY NO.	17 INFORMANT Leidel - Dame
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	onset and deat 3 ddys
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	YES NO D
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg CAUSE OF DEATH	
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURION WHILE AT WORK AT WORK	
deceased alive on september 7, 19 5 2 and that death occu	erred at 3 2 2 m., from the causes and on the date stated above 236. ADDRESS
24an BURIAL CREMA-1 248. MATE 124C. NAME OF CEMET	Sind; Hospital September 74, ERY OR CREMATORY 240. LOCATION (City, town, or edunty) (State)

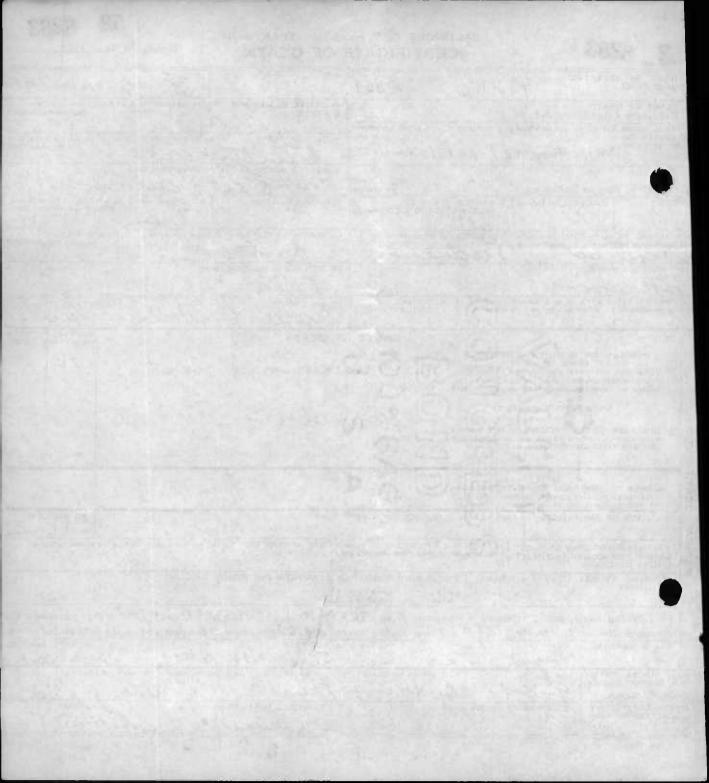
244 BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

ADDRESS

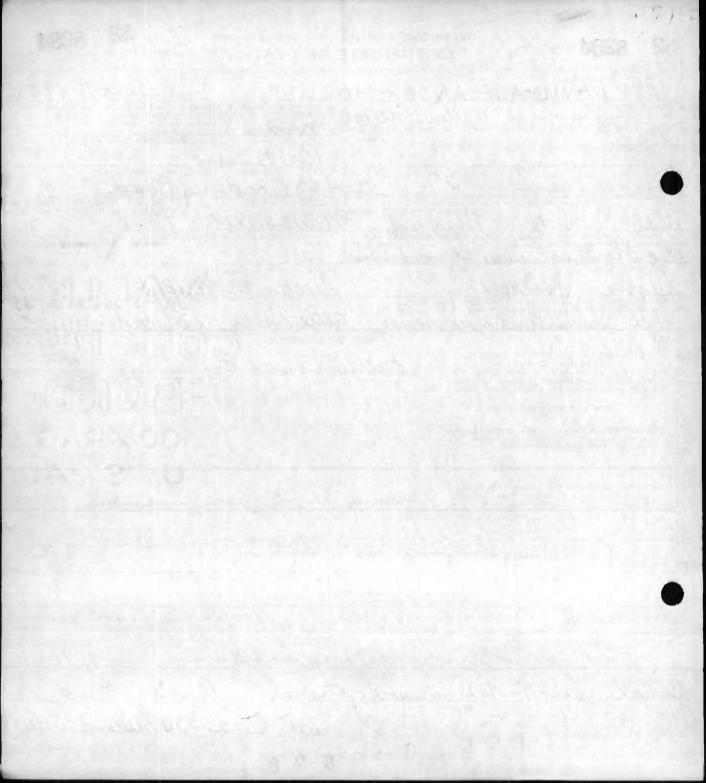
VS 150

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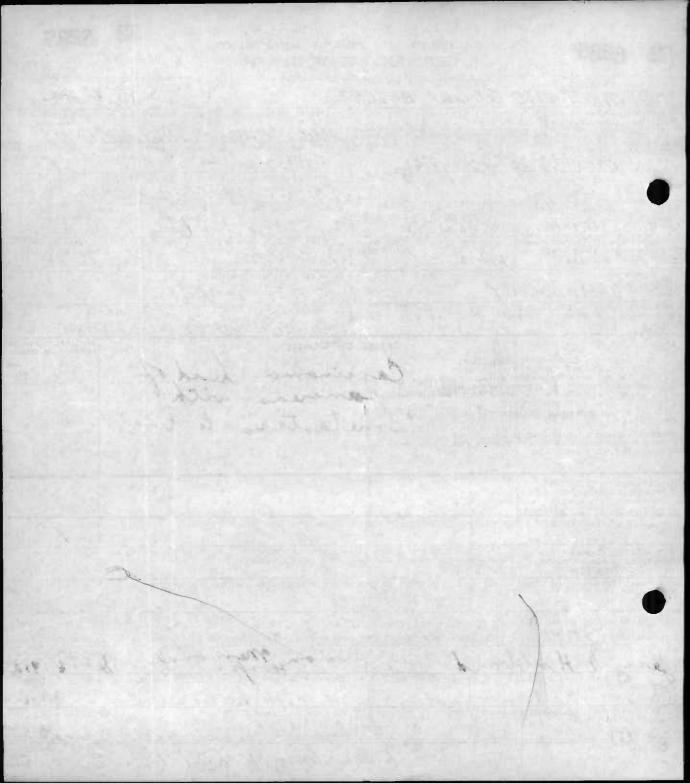
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 20-6 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Z3 A. STATE B. COUNTA before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. ngth of stay in Baltimore 000 Days 6,60LOR DR RACE 9. AGE (In years | H Under | Year | H Under 24 Hours | Months Days | Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10 residence during most of working life, even (retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. HATHER'S NAME MOTHER'S MAIDEN HAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or woknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH tis 6-V 10 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO I RT OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAI ND 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby eertify that I attended the deceased from fland 1950 to SUL , 1952 that I last saw the deceased alive on Self 6, 1952 and that death occurred at 4 . m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED BURIAL CREMA-24D. LOCATION (City, town, or county) 24A. 24C. NAME OF CEMETERY DR CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR · Jail VS 150



	+ 10
59 8285	E OF DEATH Registered No.
NAME OF DECEASED (type or Print) MR. TOLLIE EDGAR BOSLE	2. DATE OF SEPT. 6, 1952
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B-CQUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location	
INION MEMORIAL HOSPITAL	TOWSON 4 6266 township)
3 3 Yrs. Mos.	BOX 25 PROVIDENCE ROATS
Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify	8. DATE OF BIRTH 19. AGE (in years Woder I Year Will Buder 24 Hours
MALE WHILE MARRIED	OCT. 23 188766
DA. USUAL OCCUPATION (Give kind of kdone during most of working life, eyeo if retired) ENGINE MAN PA. R. R.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MIC. NOAH BOSLEY	VIOLET HARRIS
5. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
18. /F7./ CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	cinoma head of
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	energy with
ANTECEDENT CAUSES	+ + + 0
DISEASES OR CONDITIONS, IF ANY, GIVING	elastases to tive
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	clastases to tive
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	laslases to tive
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	Laslasis to the
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	Lastasis to the
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)(C)	RATION 20. AUTOPSY7
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., 21B. PLACE OF INJURY) (e. g., 21B. PLACE OF INJURY)	RATION 20. AUTOPSY? YES NO 10 nor 21c. WHERE DID (If in Baltimore City, give exact location)
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO 10 nor 21C. WHERE DID (If in Baltimore City, give exact location)
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO in or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO in or 21c, WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO in or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? 1952, to SEPT. 6, 1952, that I last saw the
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO in or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? PT 1, 1952, to SEPT. 6, 1952, that I last saw the extend at 5:00 Pm., from the causes and on the date stated above.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO in or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? 1952, to SEPT. 6, 1952, that I last saw the
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO in or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? The control of
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO In or 21C. WHERE DID (If in Baltimore City, give exact location) ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? PT , 1952, to SEPT. 6, , 1952, that I last saw the cred at S:00 Pm., from the causes and on the date stated above. 23E. ADDRESS 23C. DATE SIGNED ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Pe/ Meth Carrol-Co.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO In or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 7 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO In or 21C. WHERE DID (If in Baltimore City, give exact location) ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? PT , 1952, to SEPT. 6, , 1952, that I last saw the cred at S:00 Pm., from the causes and on the date stated above. 23E. ADDRESS 23C. DATE SIGNED ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Pe/ Meth Carrol-Co.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION 20. AUTOPSY? YES NO In or 21C. WHERE DID (If in Baltimore City, give exact location) ED 21F. HOW DID INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? PT , 1952, to SEPT. 6, , 1952, that I last saw the cred at S:00 Pm., from the causes and on the date stated above. 23E. ADDRESS 23C. DATE SIGNED ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Pe/ Meth Carrol-Co.



52 8286 AB-48164

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Regist 52 No. 8286

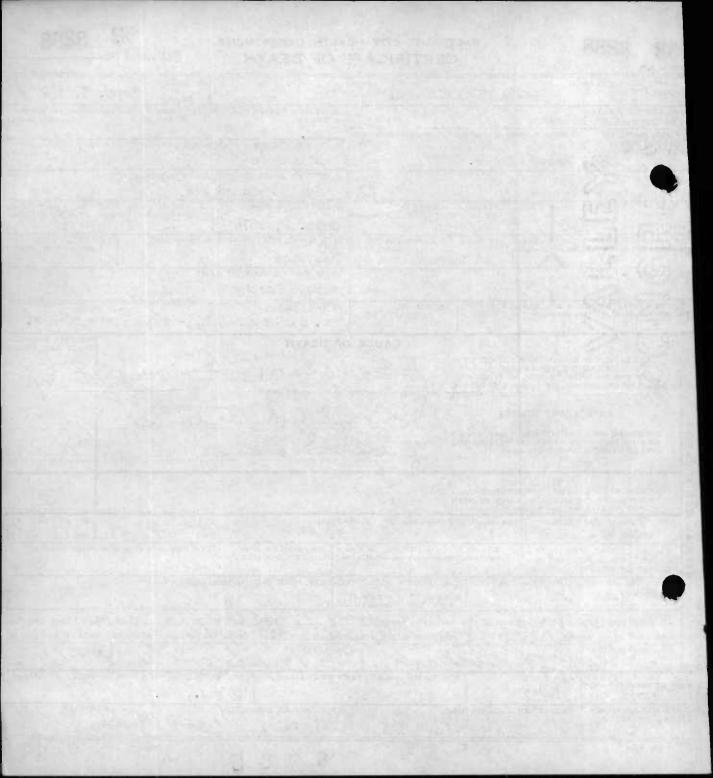
	H NO.						
1. NA (Type	ME OF D	ECEASED	Annie 1	5. Jones			5- 1952
A. Ba		City, Maryland	al on instituti	on, give street address or	4. USUAL RESIDENCE (VA. STATE	Where deceased lived, If inst B. COUNTY	ltution: residence before admission)
HOSF	LL NAME			location)		outside corporate limits, w	rite RURAL and give
INST	ITUTION	Baltimore Ci 4940 Eastern	ty Hosi	itals	Baltimore	26-1	2 township)
				Yrs. Mos.	D. STREET ADDRESS (If		
c. Le	ength of s	tay in Baltimore	953	Days	4940 Eastern Ave	. Baltimore Ci	ty Hospitals
5. SE	X	6. COLOR OR RACE	7. SINGLE	. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years li Und last birthday) Month	si Days Hours Min.
F	male	Negro	Wide		Oct. 4- 1842	109	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
		John Smit	h		Rosetta Ho	oper	
15. W (Yes, no	AS DECEAS o or unknown)	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMBALLIMOTE Records: 4940 Eas	City Hospital	ESS
18	3. // //	2. /			OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					DRSET AND DEATH
	(This does	LEADING TO DEAT	TH of dying, e.g	. Hypert	ensive Cardie Va	emlar Disease	2oYRS
	heart failt	are, asthenia, etc. It mea	ns the disease	e,			
	111,011			.,			
-		ANTECEDENT CAUS	ES	(8)			
ERTIFICATION		S OR CONDITIONS. I				······································	***************************************
E	UNDERLY	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH				
2 _				(C)	***************************************		
는		11					
2		SIGNIFICANT CONDI					
0 _	TO THE D	SISEASE OR CONDITION	CAUSING I	т			Les Alizada
	9A. DATE (OF OPERATION	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
Q -	ACCIE	DENT WAS LINDER	1 210 DI /	CE OF INJURY (e. g.,	in or 21c, WHERE DID	If in Baltimore City, give	YES NO exact location)
DI	YING OF	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,		II in Danimore Only, gave	- Crace rocasion,
	D. TIME	(Month) (Day) (Year		21E. INJURY OCCURR		Y OCCUR?	
			m.	WORK AT WORK			
2	22. I herel	by certify that I at	tended the	deceased from 9-3	, 19 39 , to 9 -		that I last saw the
d	leceased a	live on 9-5-	, 1952	and that death occu	rred at 6.10Pm., from	the causes and on the	date stated above
2	3A. SIGNA	TURE	1	V .	23B. ADDRESS		23c. DATE SIGNED
		10.	-		940 Eastern Ave.,		9-6-52
ZAA.	BURIAL.	CREMA- 24B. DATE Specify)	6	ZAC! NAME OF CEMETE	ERY OR CREMATORY 24D. I	OCATION (City, town, or	county) (State)
3	لميي	Sept-10	-52	Mt Hub	UYN B	1/TIMORE	18/9.
	E RECEIVE		-9.00	JRE.	25. FUNERAL DIRECTOR	1 ,11	DDRESS
FD	O 105	- Hunkin	ylon !	Malles, My.	Holland	tuneral Id	mul
	VS 150	14.	7 7	3 2 13 15	1/2/ 10	11:11	3.0
				108	1634-WN	wa Men	

SPET -E . J. WE Acada . Jones Shirt of the sould be reason. Was profit to the second of th

9-11-52 BALTIMORE CITY HEALTH DEPARTMENT 8287 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Elizabeth Heinemann DEATH Sept. 5,1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Baltimore B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside cornorate limits, write RURAL and give INSTITUTION Lownshin) 1943 Sponson St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 1943 Sponson St. 65 yrs. gth of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 1876 9. AGE (In years of Under I Year Aug. 24,1277) 9. AGE (In years of Under I Year Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify)
married female 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired)
housewife INDUSTRY U.S.A. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Bachmann Katherine Weigand 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO 16. SOCIAL 17. INFORMANT ADDRESS Edward A. Heinemann 1943 SponsonSt. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY leute congestire heart failure steriosoleratio Hypertenni CVD LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK Signt 5 , 1957, to Lept 5, 1957 that I last saw the 22. I hereby certify that I attended the deceased from. deecased alige on Sept 5 and that death occurred at 1230m., from the egyses and on the date stated above. 238. ADDRESS 23/A. SIGNATURE / 23c. DATE SIGNED AM. BURIAL, CREMA- 748. DATE ON, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Sept. 8,1952 Meadowridge Cemetery Washington Blvd. Balto.Md ATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE CAL REGISTRAR ellacus Nos KRAUSE FUNERAL HOME 1216S. CharlesSt. Balto. 30 Md. VS 150

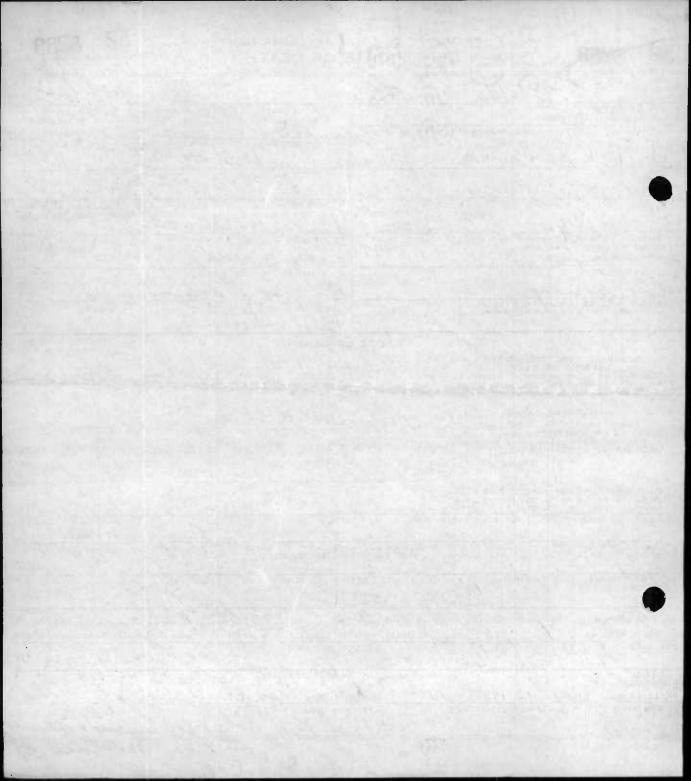
400					,	-0	
52 8	CERTIFICATE OF DEATH)2 d No	8288
NAME OF DECEASED Type or Print) LAURA VIRGINIA RUHL					2. DATE OF DEATH	ept.	5, 1952
PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY		ution : residence before admission)
. FULL NAME OF (If not in hospital or institution, give street address or				Md.			
HOSPITAL OR location)					(If outside corporate li	imits, wri	to RURAL and give township)
2913 Westwood Ave.				Baltimore D. STREET ADDRESS (If rural give location)	<u> </u>
Yrs. Mos.				2913 Wewtwood Ave.			
c. Length of S	stay in Baltimore	7. SINGLE	Deys Deys	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours			
Cemale white widowed (Specify)				Sept. 2, 1874	last birthday)	Months	Doys Hours Min.
10A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
ork dooe during most houses	of working life, evec if retired)	at h	ome	Maryland WHAT COUNTRY?			
13. FATHER'S				14. MOTHER'S MAIDEN NAME			
	Li	nder		Fannie Murphy			
15. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRI	
-	(11) 500, 8310 11 01 01 01	a or service)	SECORITI NO.	Mr. C. Vernon	Ruhl - 2913	West	rood Ave.
DISEASE RISE TO UNDERL	ure, asthenia, etc. It mee complication which complication which can anticomplication which can anticomplication with the above cause (A) YING CONDITION LA	eaused death SES F ANY, GIVIN STATING TH	(B) DUE TO (C)	recol S	bee)	
TO THE E	SEASE OR CONDITION	CAUSING I	Τ				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							YES NO P
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?							
D, TIME	(Month) (Day) (Year	` '	21E. INJURY OCCURR		JRY OCCUR?		
22 / 1		m. (WORK AT WOLK	er 7 100520	Kell 5 1	0.5 Zth	at I last saw the
22. I hereby certify that I detended the deceased from 199, 40 , 199, 40 , 199, 40 deceased alive out 199, 199, 20 and that I last saw the deceased alive out 199, 199, 40 deceased alive out 199, 40							
234. SIGNA		Cha	Land 12	B. ADDRESS	Park		DATE SIGNED
244. BURIAL,	CREMA- 24B. DATE	, 2000	24c, NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, t	own, or co	oupty) (State)
TION DEMOVAL (Buria	Specify)		Western Cem	{V _	lto., Md.		//
DATE RECEIVE	ED BY REGISTRAR	'S SIGNATU		25 FUNERAL PREQUE	A .	SAD	DRESS
VS 150		09 5	2000	8205	Balto	. 17	md.



BALTIMORE CITY HEALTH DEPARTMENT

52 0000

52. 8289	CERTIFICAT	E OF DEATH	Registered No	0689
NAME OF DECEASED Matildy ype or Print)	Dorsey	/	2. DATE OF DEATH	7-52
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W)		nstitution : residence before admission)
FULL NAME OF (If not in hospital or institution)	ation, give street address or		outside corrorate limits	write RURAL and give
Bar- MI-Ba Convals	scort Home	m 11	ore. 2	- / Stevnship)
Len h of stay in Baltimore Les	Yrs. Mos. Days	2 1 1 11	Prins hon	
	LE. MARRIED.	B DATE OF BIRTH	9. AGE (In years last birthday) Mon	Inder I Year If Under 24 Hours the Days Hours Min.
A. USUAL OCCUPATION (Givekind of k done dyring most of working life even if retired)	ID OF BUSINESS OR	11. BIRTHPLACE (State or for Back). M.	reign country)	2. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
WAS DECEASED EVER IN U. SARMED FORCES?	16. SOCIAL	anna lea	elman	
WAS DECEASED EVER IN U. S ARMED FORCES? s. no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	Theory Heleo	al AD	DRESS
18. 33/1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cox	phal Ho	x heen	
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	ase,	a graj jemoi	nogu	
injury or complication which caused dea	1 1	- / .		
ANTECEDENT CAUSES	(B)/ d	iosclervois	***************************************	
DISEASES OR CONDITIONS, IF ANY, GIV				
UNDERLYING CONDITION LAST.				
11	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TŁD			
	R FINDINGS OF OPER	RATION		20. AUTOPSY?
	ACE OF INJURY (e.g., i		in Baltimore City, gi	ve exact location)
HOMICIDE (Specify) about home	e, farm, factory, street, office bldg., o	ete.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF URY	21E. INJURY OCCURR		OCCUR?	
m.	WHILE AT NOT WHILE AT WORK		4 6 6 6	
22. I hereby certify that I attended the deceased alive on 9 - 1957	e deceased from 7:	-3-, 195, to 9	, 195	that I last saw the
23A. SIGNATURE 7/			e causes and on the	e date stated above. 23c. DATE SIGNED
Gilberg L. 10	onfold M.O.	722 1- Jul	alon Che	9-7-52
N. REMOVAL (Specify)	24t. NAME OF CEMETE	6 1	CATION (City, town, o	This
TE RECEIVED BY REGISTRANS SIGNAT	URE/II.	25. FUNERAL DIRECTOR,	4. Couse	ADDRESS
DCAL REGISTRAR Junuary 1000		Mis. John		ut & Daught
VS 150	7520	112	9 97. Car	oline Il
	44 63	8 2 8	C	

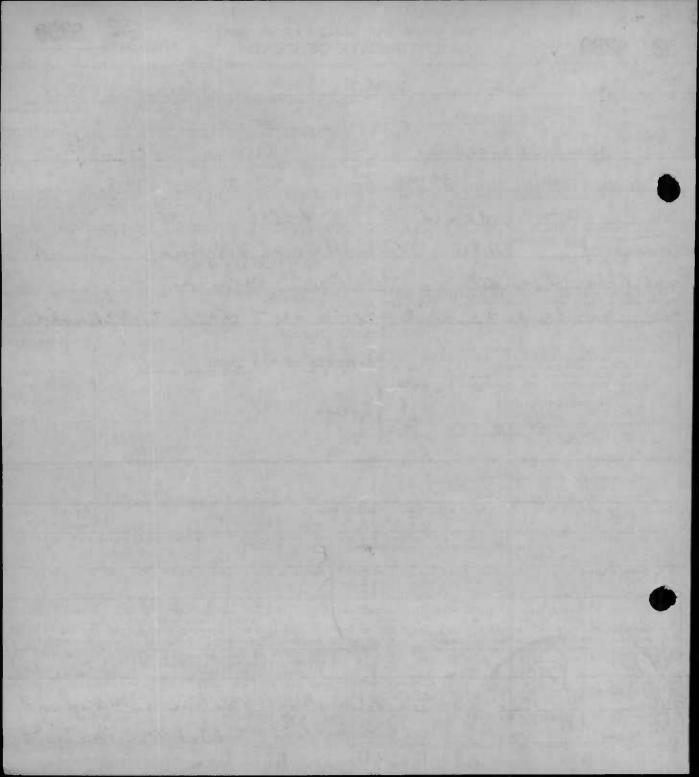


BALTIMORE CITY HEALTH DEPARTMENT

52 8290

52 NO. 82	290	C	ERTIFICAT	OF DEATH	R	egistered No.	
1. NAME OF DI Type or Print)		ROGER	LOCKETT		2. DAT	Cantan	aber 3, 1952
Baltimore C	EATH: City, Maryland			4. USUAL RESIDEN	ICE (Where dece		titution : residence before admission
		pital or institution	, give street address or location)	c. CITY OR TOWN	land		rite RURAL and giv
	Johns Hopki	ns Hospit			imore	0-0	township
- Augth of at	tar in Daltimone	7	Yrs. Mos.	o. STREET ADDRES	Ellsworth		T
5. Still of St	tay in Baltimore 6.COLOR OR RAC	E 7. SINGLE, I		B. DATE OF BIRTH			er l Year If Under 24 liours s: Days Hours Min.
Male	Colored	Maria	D, DIVORCED (Specify)	4-10-1896	5	6	s Days Hours Min.
	CUPATION (Give kind f working life, even if retir		BUSINESS OR	11. BIRTHPLACE (Sta	ate or foreign cou	ntry) 12.	CITIZEN OF WHAT COUNTRY
STATHER'S N	IAME	Steelbus	g ledari (Ive	Margael,	Urguni DEN NAME	2 7	L. S. a.
obert.	Las In	katt	Oce Mer	Elina Os	lesson	/	
5. WAS DECEASE	D EVER IN U. S. ARM (If yes, give war or d	1ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDF	RESS
yes !	Worldung	W#12	12-09-1477	Colinabeth	Locke	tt 163581	lowarth
18. 58	1.0 and	-156.1	CAUSE	OF DEATH			ONSET AND OBATH
	LEADING TO DI not mean the mod	EATH	Cirr	nosis of the	liver		
heart failu	re, asthenia, ctc. It n complication which	neans the disease,	DUENEX.			***************************************	
	ANTECEDENT CA						
DISEASES	OR CONDITIONS	. IF ANY, GIVING	(в) Нера	toma	***************************************		
RISE TO TH	HE ABOVE CAUSE (A) STATING THE	DUE TO				
			(C)				
TRIBUTING	IGNIFICANT CON TO THE CEATH, BU SEASE OR CONCITI	T NOT RELATED					
	F OPERATION		INDINGS OF OPER	ATION			20. AUTOPSY?
21. EXTERN	IAL CALLEE WAS	218 PLACE	E OF INJURY (e.g., in	or 21c. WHERE DID	O (If in Balt	imore City, give	exact location)
UNDERLYING	AL CAUSE WAS OR CONTRIB AUSE OF DEAT	B. about home, farm	a,factory,street,office bldg.,e				Chaot location,
OF INJURY	Month) (Day) (Yes	WHI	E. INJURY OCCURRI	D 21F. HOW DID II	NJURY OCCUR	?	
I certif	y that I took ch			bove, held an Par	rtial Aut	opsy t	hereon and from
the evic	dence obtained b	y said Autops	y, Inspection or I	Aunquiry, find that so █, accident □, su	topsy, Inspection aid deccased	died on the d	lay stated above
23A. SIGNAT)		23B, CHIEF MED	ICAL EXAMINE	R 23c. D	DATE SIGNED
24A. BURIAL. C	REMA- 24B OATE	VIXX	M C. NAME OF CEMETE	D. MEDICAL INVEST	TIGATOR	Set	ot. 4. 1952
ION, REMOVAL (ST	pecify) Q Q-10	152. B	ets. Nat. C	e ta	Bant	(City, town, or c	county) (State)
SUNIAL DATE RECEIVED		R'S SIGNATURE		25. FUNERAL DIREC	TOR	AE	DDF
OCAL REGISTS	Jan Jan	ylon !!	LIMES MAD	andolele 9.7	Colleck	14126.P	reston St.
V S 151		1 9	5 29 100	BA 8 2	8 ?		V

V 5 151

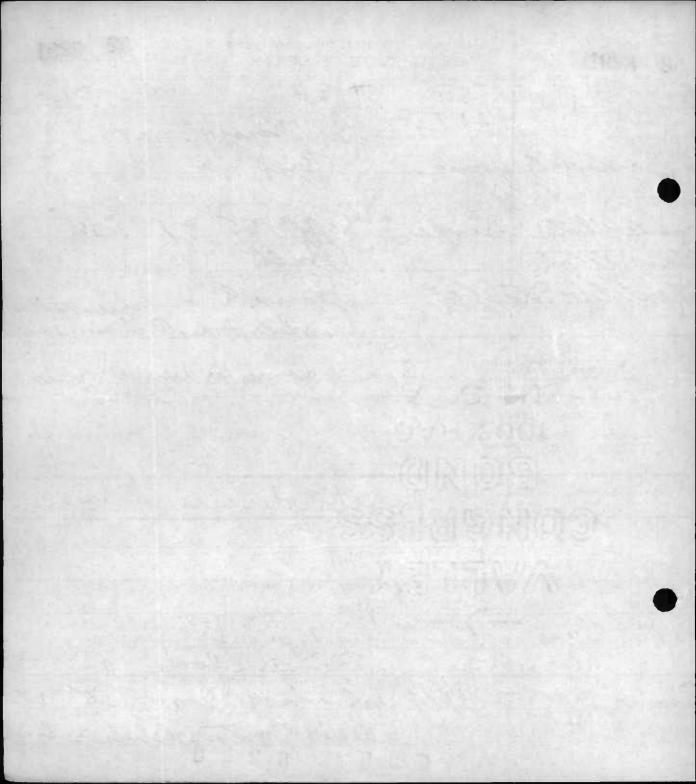


52_{No.} 8291

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8291

NAME OF DECEASED THERESA STIEBEL 2. DATE OF DEATH 9-5	-52
B. PLACE OF DEATH: A. USUAL RESIDENCE (Where deceased lived. If install Baltimore City, Maryland BALTO B. COUNTY	titution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If oftside corporate limits, v	vrite RURAL and give township)
Yrs. D. STREET ADDRESS (M rural, give location)	-0/
. I. th of stay in Baltimore Mos. Days	to I Very 1 D Units 24 D
	der I Year II Under 24 Hours ns: Days Hours Min.
OA. USUAL OCCUPATION (Give kind of religion of the following section of	CITIZEN OF WHAT COUNTRY?
A. FATHER'S NAME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? I 16. SOCIAL TO INFORMANT	2000
estano or unkoowo) (If yes, give war or dates of service) SECURITY NO. Jerindele Home Behr	der Jale
18. 422.1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Crowic Cardiovascular disease	years
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	Hears
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?	YES NO E exact location)
LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D_TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
JURY (Month) (Day) (Tear) (Month) 21E. INSORT OCCURRED 21E. HOW DID INSORT	
22. I hereby certify that I attended the deceased from 12-11, 1949to 9-5, 1952	that I last saw the
	date stated above.
AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
Sinal 9/8/52 Thek halow lente O Jonel.	Word.
ATE DECEIVED BY PROJECT DADIE CLONATURE 1 25 CHMERAL DIDATION	so ma
OCAL PECISTRAP	DDRESS
VS 150	



FO 6000	CITY HEALTH DEPARTMENT 52 8292 ICATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) CHARLES Henry	BRUNE 2. DATE OF DEATH SEPT. 4, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION MALYLAND SEVERAL HOSPITAL	C. CITY OR TOWN (If outside corporate limits of the RURAL and give township)
c. Ogth of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 1907 E 28 ST.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE	B. DATE OF BIRTH 9. AGE (In years It Under) Year It Under 1 Year It Under 24 Hours Min. 1864 87 1864 8. DATE OF BIRTH 9. AGE (In years It Under) Year It Under 24 Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) RETIRED 7	SS OR NDUSTRY BALTIMORE MD. 12. CITIZEN OF WHAT COUNTRY.
13. FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) UNKNOWN 16. SOCIAL SECURI	
18. 422,1 and 153x	CAUSE OF DEATH 1907 East 28th. St. ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	BRONCHO PNEUMONIA QUE DAYS
ANTECEDENT CAUSES	CARDIOVASCULAR COLLARSE 20 DAYS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CINOMA ASCENDING COLON 3-4 MONTH

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

COLON 21B. PLACE OF INJURY (e.g., in or

21c. WHERE DID (If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WORK

1952 that I last saw the 1952, to.

22. I hereby certify that I attended the deceased from deceased alive on.

1952, and that death occurred at 600 Pm., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED

John Cl. Mit.	hell
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF
TION BENOVAL (Specify)	0 / .

WURLA DATE RECEIVED BY REGISTRAR'S SIGNATURE

Baltimore 25. FUNERAL DIRECTOR

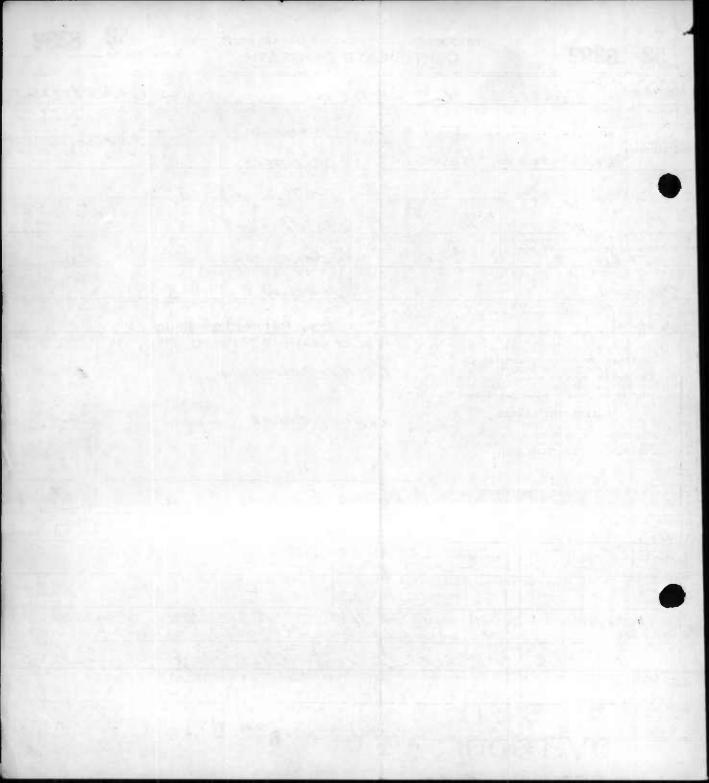
ADDRESS

LOCAL REGISTRAR

Syfen North Ave

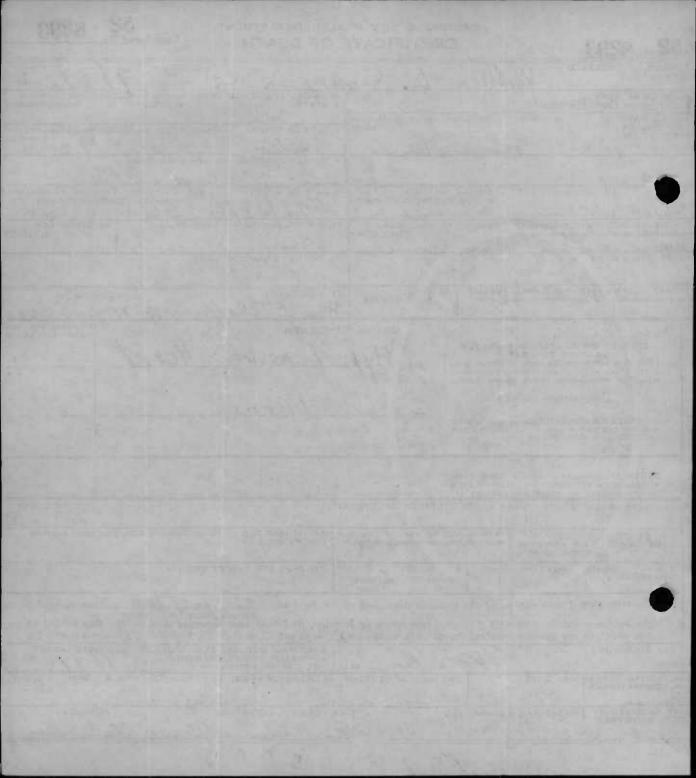
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MEDICAL



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If instituti A. Baltimore City, Maryland B. COUNTY before admission) f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside cornorate himits, write AUAL and give INSTITUTION 2524 Washington township) Yrs. (If rural, give location) Mos. Length of stay in Baltimore Washington Blue Days 7. SINGLE, MARRIED AGE (In years It Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Widawe 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Booky Ressuma 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or (If in Baltimore Clty, give exact location) 21A. EXTERNAL CAUSE WAS 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK eertify that I took charge of the remains described above, held an thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 235 DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 24A. BURIAL. CREMA-ION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL OCAL REGISTRAR

V S 151



DISEASES OR CONDITIONS, IF ANY, GIVING

Type or Print)

OSPITAL OR

NSTITUTION

19A. DATE OF OPERATION _

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

CAUSE OF DEATH

TIME (Month) (Day) (Year) (Hour)

WHILE AT WORK AT WORK

22. I hereby certify that I attended the deceased from-

, and that death occurred at 300 Am. From the causes and on the date stated above. deceased alive on

23A. SIGNATURE

24A BURIAL CREMA-24C. NAME OF CEMETERY OR CREMATORY 24B. DATE 10 ura DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. EUNERAL DIRECTOR

23B. ADDRESS/

24d LOCATION (City, town, or county)

to

ADDRESS

19_, that I last saw the

LOCAL REGISTRAR 1 Juntinglow VS 150

230 DATE SIGNED

Additional information by phone from Dr. W. Garner
Bureau of Tuberculosis
10/17/52 ES

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tule alore

Belighent

12/25 9/2/1- 4/3/2

ردادار.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

sistered \$295

RTH NO.						
NAME OF Cype or Print)		Christ	ine Nagle		2. DATE OF DEATH 9-5-	
Baltimore Full NAME	City, Maryland	tal or institutio	n, give street address or	4. USUAL RESIDEN A. STATE Maryland	CE (Where deceased lived, If B. COUNTY	institution: residence before admission)
OSPITAL OR	I72I E.Lanve		location)	c. CITY OR TOWN Baltimore	(If outside corporate limi	rit R ID L and give township)
Leh of	stay in Baltimore	Life	Yrs. Mos. Days	and the same of th	(If rural, give location) vale Street	
sex emale	6. COLOR OR RACE	7. SINGLE. WIDOWE WIDOW	MARRIED, ED, DIVORCED (Specify) WOO	Nov 3,1895	9. AGE (In years last birthday) M	H Under Year H Under 24 Hours on the Days Hours Min.
	CUPATION (Give kind of working life, even if retired)		of Business or INDUSTRY	11. BIRTHPLACE (Sta Baltimore	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Christ	NAME opher A.Cunni	ngham		14. MOTHER'S MAID Louise Parr	EN NAME	
NO DECEAS	(If you give war or det		16. SOCIAL SECURITY NO.	17. INFORMANT Miss Mary A.	Nagle-I72I E.La	nvale Street
RISE TO UNDERL	ANTECEDENT CAU. S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	IF ANY, GIVING STATING THE AST.	(C)	en file		
	G TO THE DEATH, BUT DISEASE OR CONDITION	CAUSING IT				
19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		YES NO
	DENT WAS UNDER- OR CONTRIBUTING DEATH		CE OF INJURY (e. g., in rm, factory, street, office bldg., e			give exact location)
21D. TIME OF VAJURY	(Month) (Day) (Year	w	HILE AT NOT WHILE WORK AT WORK	All Dale Little All The	NJURY OCCUR?	
22. I here	by certify that I at	tended the c	deceased from	1951 , 19 , red at 8 A m. 1	to 9/5, 196 rom the causes and on	that I last saw the
23A. SIGNA	_			3B. ADDRESS 2	Dolto V	P & DATE SIGNED
4A. BURIAL. ON REMOVAL BUTIAL	CREMA- 248. DATE Specify) 9-8-195		4c. NAME OF CEMETE New Cathedral		Edmondson Ave B	
ATE RECEIV		tinston	Williams, M	George J.Ru	th, Inc1735 Har	ford "venue
VS 150		0	9 5 2	9000	2 9 9	

SWEET SERVERS TO STATE OF THE STREET STREET STREET SURPLIANTED A CONTRACTOR OF THE STREET AND ASSESSMENT . District the representation of the same of the territory of the same of the TO THE STATE OF TH

8296	
BIRTH NO.	

. NAME OF DECEASED Type or Print)

PLACE OF DEATH:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Murray

Segistered No. 8296

2. DATE OF DEATH

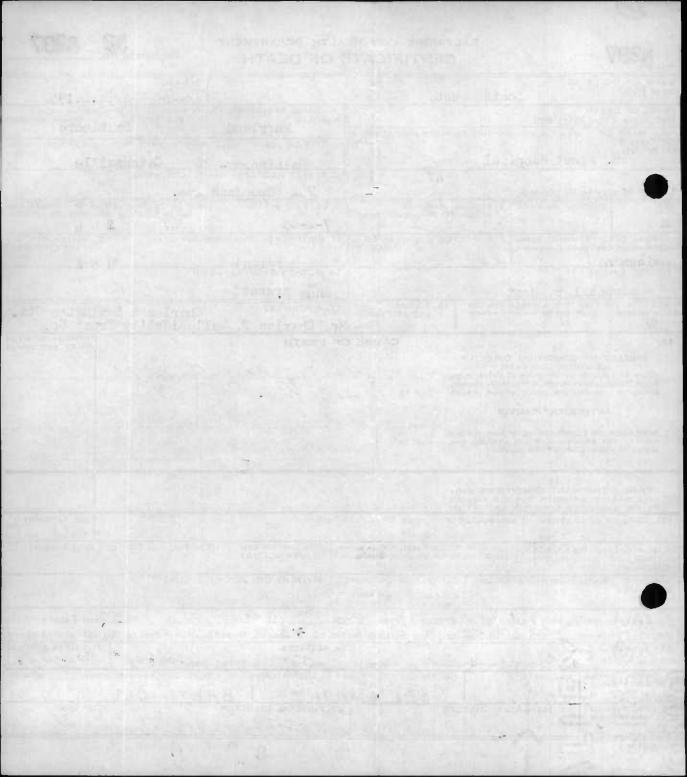
4. USUAL RESIDENCE (Where deceased lived, If institution: resilence

and give ownship)
ownship)
er 24 Hours
m 24 Hours B. Min.
n 24 Hours s: Min.
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NO On) saw the above. IGNED (State)

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8297

RTH NO.			CERTIFICATE	E OF DEATH	Registered No.	
NAME OF Doppe or Print)		ouis W	est		2. DATE OF DEATH Sept	.6,1952
PLACE OF DE	EATH: City, Maryland			4. USUAL RESIDENCE	(Whose deserred lived 10 inc	A2AA2
FULL NAME		al or institut	ion, give street address or	Maryland	B. COUNTY Balt	imore
SPITAL OR STITUTION			location)	C. CITY OR TOWN	(If outside corporate limits, v	write RURAL and give
St	. Agnes Hospi	tal		Baltimore -	28 Catonsvi	township)
			47 Yrs. Nos.	D. STREET ADDRESS (
	tay in Baltimore		Days	734 Edmonds		25.2
SEX	6. COLOR OR RACE		E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if Un last birthday) Mont	der I Year It Under 24 Hours hs: Days Hours Min.
K	W		X	7-2-05	47 2	4
	CUPATION (Give kind of f working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
Salesma				Maryland	H	9.4
. FATHER'S N	NAME			14. MOTHER'S MAIDEN	NAME	
	shall B. West			Anna Bresee		
, WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Charles & 185	Histon Sts.
No				Mr. Charles P. V	Wall Fidelity To	rust Co.
18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION					OHOLI AND DEATH
(This does	not mean the mode of	f dying, e. s	. (A) Con	enasy thee	mbosis	
	re, asthenia, etc. It mea complication which c			5.C. Q.		
			.,	. C. K.		
	ANTECEDENT CAUS	ES	(2)			
	OR CONDITIONS, I			***************************************	,, ••••••••••••••••••••••••••••••••••••	***************************************
	HE ABOVE CAUSE (A) ING CONDITION LA					
			(C)			••
	П					
	IGNIFICANT CONDI					
	SEASE OR CONDITION					L 00 AUT0004
19A. DATE O	F OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		YES NO
211 ACCID	ENT WAS IINDED	1 218 PL	ACE OF INJURY (e. g., is	or 21c. WHERE DID	(If in Baltimore City, giv	
LYING OF	ENT WAS UNDER. R CONTRIBUTING DEATH		farm, factory, street, office bldg., e			
210 TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
		m.	WHILE AT NOT WHILE			
22. I hereh	u cortifu that I att	ended the	deceased from 9.	6 , 19.52 to	9-10 1953	That I last saw the
deceased al	line on 9-6	19.52	and that death occur	red at 4:35 Pm., from	the causes and on the	date stated above.
23A. SIGNA		, 10-1,		38. ADDRESS		23c. DATE SIGNED
	Geor	ge c	Oten M.D.	St ag	rea Hoop	9-7-52
A. BURIAL, C			24C. NAME OF CEMETE	RY OR CREMATORY 1240.	LOCATION (City, town, or	county) (State)
BURIAL	9/9/5	721	GREEMM	DUNT	ALTIMORE	Mp.
ATE RECEIVE	D BY REGISTRAR	SSIGNATI		25 FUNERAL DIRECTO	? 0 1 F	DDRESS
CCD 0 -	195211- 4:	to IN	11: aug ME	Eastonida	noil atour	wille mis
SEP O	tage I make	11	O'MELLINE !	CANON CANO	O A	July July
VS 150	Washington U	مالار و دارد کار کار اور	GA G	0 1082	9 4	



BALTIMORE CITY HEALTH DEPARTMENT

52 8298

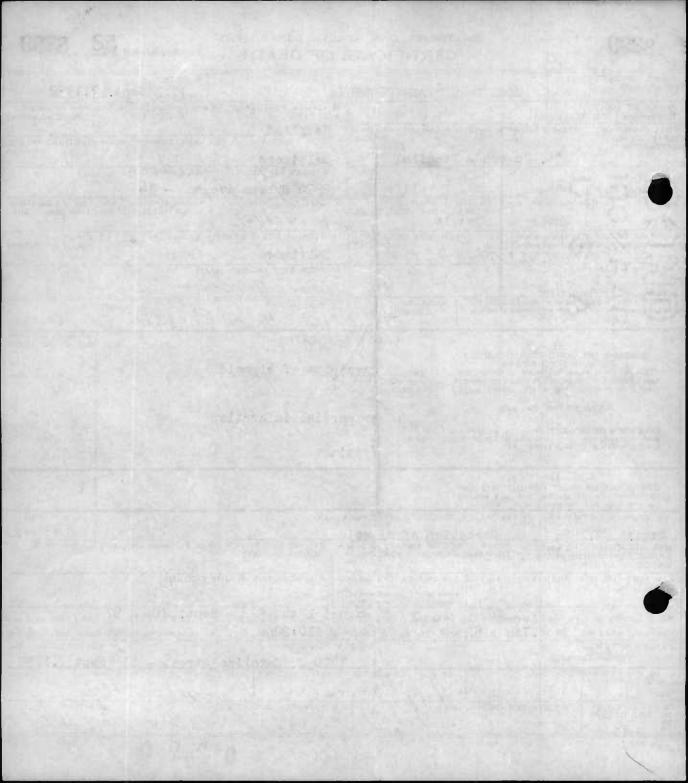
27TH N8298	CERTIFICAT	E OF DEATH Registered No.
NAME OF DECEASED Type or Print) SAMUEL	H. STULTZ	2. DATE OF DEATH 9/6/52
B. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission
	itution, give street address or location)	MARYLAND CARROLL
NSTITUTION UNIVERSITY H		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
	Yrs.	D. STREET ADDRESS (If rural, give location)
th of stay in Baltimore	thro . Mos.	5600
	GLE, MARRIED.	8 DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours Months; Days Hours; Min
MALE WHITE 14	ARRIGO Widowed	Jan 2, 1857 93
rk done during messel working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
30 FATHER'S NAME	exchorer	Marifland 7.5.9.
Ilnknown)		14. MOTHER'S MAYDEN NAME
5. WAS DECEASED EVER IN U.S. ARMED FORCE: ee, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT, OL AL ADDRESS X
no	more	malcolm steelts Janestown Ind.
18. 422./1	CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECT	LY	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e. g., (A)	MPLETE HEART BLOCK
injury or complication which caused d	eath.) DUE TO	
ANTECEDENT CAUSES	Dorna	11 D
DISEASES OR CONDITIONS, IF ANY, G	IVING	OSCLEROTIC C. V. D.
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO	SCLERATIC GANGRENE RT. FOOT
	(C) /.7.6.7.E.K.1.0.	SCEEDITE SHOWKERE 121 1 001
OTHER SIGNIFICANT CONDITIONS	CON	
TRIBUTING TO THE DEATH, BUT NOT REI	ATED	
	OR FINDINGS OF OPER	ATION 20. AUTOPSY?
		YES NO
	PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg., s	
215. TIME (Month) (Day) (Year) (Hour) OF UNJURY	21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
	WHILE AT NOT WHILE	
22. I hereby certify that, I attended	the deceased from 9/	6, 1952, to 9/6, 1952, that I last saw th
deceased alive on 9/6, 195		red at 650 m., from the causes and on the date stated above
23A. SIGNATURE	et M. D. //	university Hosp. Balt. 1 md 9/6/52
AA BURIAL CREMA 24B DATE	24C. NAME OF CEMETE	
Durial Sept 10,195	* Letornec	Cemeterer lancestoron maryland
ATE RECEIVED BY REGISTRAR'S SIGN		25. FUNERAL DIRECTOR ADDRESS
VS 150		The state of the s

2 4 5 8299

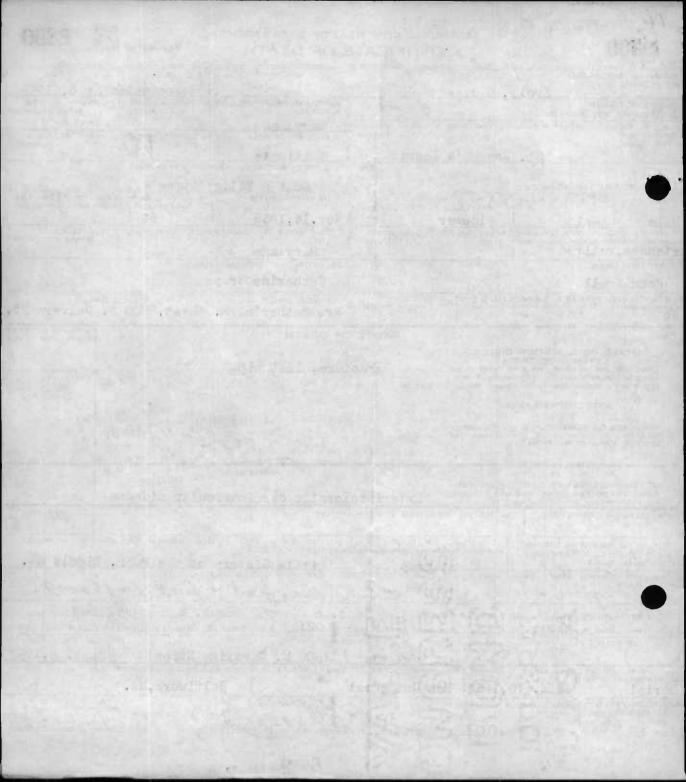
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ristered No. 8299

NAME OF DECEASED 2. DATE Type or Print) OF EDWARD THOMAS COUGHL IN Sept. 7,1952 DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence Baltimore City, Maryland A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or Maryland OSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION township) St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give ocation) Yrs. Mos. h of stay in Baltimore life 2920 Sylvan Avenue Days 6. COLOR OR RACE 9. AGE (in years | | Under | Year | | | Under 24 Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) teb. 17-18 Married Male White OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF k done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore DALTO rolice dept 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17. INFORMAN ADDRESS (If yes, give war or dates of service) se, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Carcinoma of sigmoid (A) ... beart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Myocardial infarction DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Uremia (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY August 27,1952 YES NO X Resection of signoid 218. PLACE OF INJURY 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF UNJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from August 17th, 1952, to Sept. 7th, 1952 that I last saw the deceased alive on Sept. 7th 19 52, and that death occurred at 10:20pm., from the causes and on the date stated above, 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED Carladone M. D. 1400 N. Caroline Street - 13 Sept 24C. NAME OF GEMELERY OR CREMATORY 245. LOCATION (City, town, or county) 4A. BURIAL CREMA 248. DATE ON REMOVAL (Specify) 10 cdeemen ATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRÉSS OCAL REGISTRAR VS 150



BY EDICAL EXAMINER BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH RTH NO NAME OF DECEASED 2. DATE OF ype or Print) Krell, George DEATHSeptember 8, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution : residence PLACE OF DEATH: A. STATE B. COUNTY before admission) Baltimore City, Maryland (If not in hospital or institution, give street address or FULL NAME OF Maryland OSPITAL OR location) (If outside corpor te limits RURAL and give C. CITY OR TOWN ISTITUTION township) St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos Biddle & Valley Streets h of stay in Baltimore Davs 9. AGE (in years | | Under | Year | | Under 24 Hours | Iast birthday) | Months Days | Hours Min. 8. DATE OF BIRTH 6, COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 82 Nov.14,1869 White Widower A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10B, KIND OF BUSINESS OR WHAT COUNTRY k done during most of working life, even if retired) INDUSTRY rtender, retired Maryland B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Grape John Krell S. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs Ketherine E. Wheat, 2800 N. Calvert St No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture, left hip (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C). CHIEF OR ASST. MEDICAL EXAMINER. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Arteriosclerotic cardiovascular disease TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Sisters of the Poor. Biddle St. Little Sisters OI LII about 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) Teel to AT WORK WORK , 1952, thept. 8 22. I hereby certify that I attended the deceased from Sept. 6 deceased alive on Sept. 8, 1952, and that death occurred at 2:43 2m., from the eauses and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 8.1952 1400 N. Caroline Street Sept. 24D. LOCATION (City, town, or county) CEMETERY OR CREMATORY 4A. BURIAL, CREMA-ON, REMOVAL (Specify) 24B, DATE Baltimore . Md. Sept. 10,1952 New Cathedral Burial 25 FUNERAL DIRECTOR ADDRESS ATE RECEIVED BY OCAL REGISTRAR VS 150 N820.0



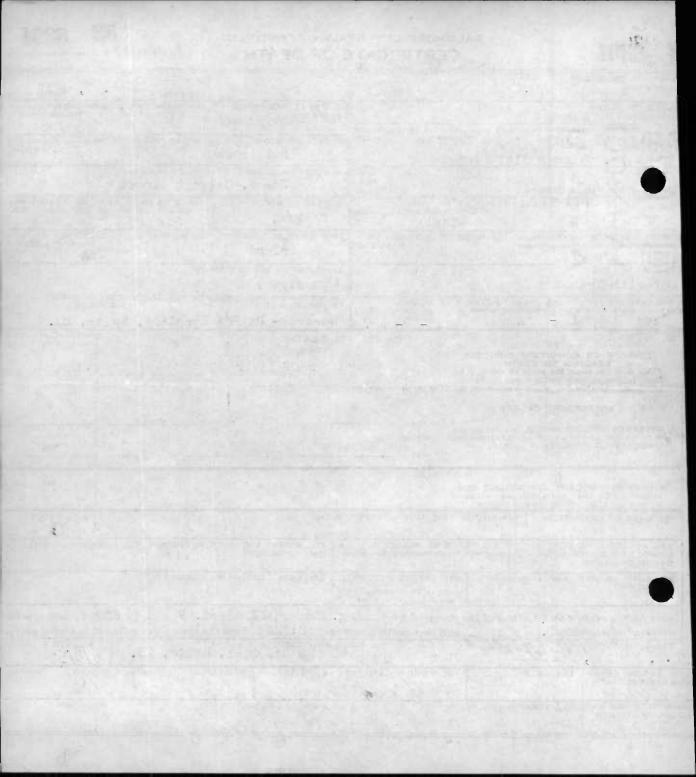
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5	16	
2	8301	

BALTIMORE CITY HEALTH DEPARTMENT

SZ 8301
Registered No.

CERTIFICATE OF DEATH

TH NO.	STANLEI	STAPE.	R UR SZAMBIR			
NAME OF DE pe or Print) ST		lown as			of Sep	t. 7, 1952
PLACE OF DE Baltimore C	ATH: ity, Maryland			4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If	institution: residence before admission)
SPITAL OR STITUTION	US Public He Hospit US Public He Hospit Drive & 31	alor institut alth Se pital	ion, give street address o	r	outside corporate limit	s, write RURAL and give township)
Wyman Pk	. Drive & 31	st Stre			(
Len. of st	ay in Baltimore	?	Yrs. Mos. Days	b. STREET ADDRESS (If 347 N. Ca.	lvert Street	Seal East
M M	6.COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify Bingle	8. DATE OF BIRTH 2/22/96	9. AGE (in years last birthday) Mo	M Under 1 Year # Under 24 Hours onthis Days Hours Min.
done during most of	CUPATION (Give kind of f working life, even if retired)		O OF BUSINESS OR INDUSTR	Poland	reign country)	12. CITIZEN OF WHAT COUNTRY: USA
FATHER'S N				14. MOTHER'S MAIDEN NA	AME	
Jeremiah	Chambers			Madlyn ?		
WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	A	DDRESS
Yes	(If yes, give wer or date WWI - USA	s or service)	213-09-06/17	Records- US PHS	Hospital. B	alto. Md.
(This does heart failur injury or	E OR CONDITION LEADING TO DEA' not mean the mode of the complication which of the complication which of the complication causes and the complication which of the complication which complication will be complicated by the complication which complication will be complicated by the complication which complication will be complicated by the complication will be complicated by the complication which complicated by the complication will be complicated by the com	TH of dying, e. a ns the diseas aused death	g., (A) Cir	of death Thosis of liver		Unknown
OTHER S	OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA	STATING THE	(C)			
	TO THE GEATH, BUT SEASE OR CONDITION			***************************************		
19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL.	ACE OF INJURY (e. g., farm,factory,street,office bldg		f in Baltimore City,	give exact location)
TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	OCCUR?	
22. I hereh	u certify that I at	tended the	deceased from	lug. 29 , 1952, toSe	ot. 7 19	52that I last saw th
deceased al	ive on Sept. 7	19 52	and that death occi	urred at 8:32 Am., from t	he causes and on t	he date stated above
Z3A. SIGNAT	TURE / a. Gre	nuer	ctor M.D.	US PHS Hospital,		23c. DATE SIGNED 9/8/52
BURIAL. ON, REMOVAL (8	(18/2) 9/8/L	52	24c. NAME OF CEMET	TALLS 29	STON (City, town	Mass,
CAL REGIST		to !	Illiams MD	25 FUNERAL DIRECTOR	12118	Nones Toul &
VS 150	/	1	.d 2 .5 .0	1 8 3	Q	



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56	8302
legistered No	0000

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH RTH NO NAME OF DECEASED one or Print) OF DEATH S wellen 4. USUAL RESIDENCE (Where deceased lived If institution: residence PLACE OF DEATH: A. STATE B. COUNTY before admission) Baltimore City, Maryland (If not in hospital or institution, give street address or FULL NAME OF ama SPITAL OR location) (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL township) D. STREET ADDRESS (If rural, give location) Yrs. Mos Length of stay in Baltimore Dava 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10 11. BIRTARLACE (State or foreign country) USUAL OCCOPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? NDUSTRY done during most of working life, even if retired) FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURITY NO. HOPKINS HOSPITAE INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home farm factory street office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? IME (Month) (Day) (Year) (Hour)

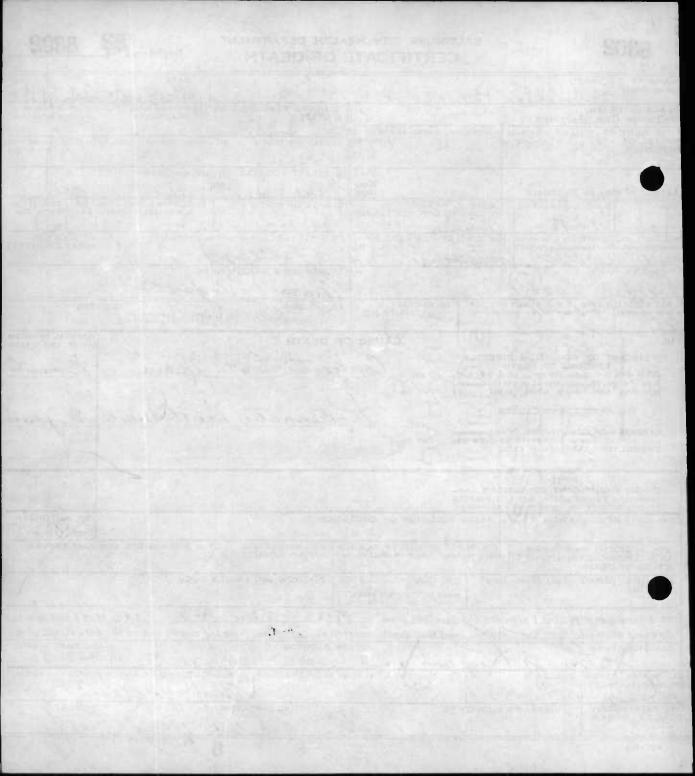
JURY NOT WHILE 1952 to _, 1952, that I last saw the 22. I hereby certify that I attended the deceased from. 1952, and that death occurred at 525 Pm., from the causes and on the date stated above. deceased alive on 9-7 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE

JOHNS HOPKING HOSPITAN Carro M. D.

ZAA. BURIAL, CREMA-HON, REMOVAL (Specify) LOCATION (City, town, or county) OF CEMETERY OR CREMATORY

DATE RECEIVED BY 25 PUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR-

VS 150



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тн	8303

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

TH NO.					
NAME OF D		(Lathan) ck, Lathrom William		2. DATE OF DEATHSeptem	her 7 1052
PLACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived. If in	nstitution : residence before admission)
Baltimore C	OF (If not in hospite	al or institution, give street address or	Maryla		before admission)
SPITAL OR STOCKHOON (11 not in nospital of institution, give street address of location)				f outside corporate limits.	write RORAL and give township)
1	St. J	oseph's	D. STREET ADDRESS (I		
Len of s	tay in Baltimore	Mos. Days			
SEX	6. COLOR DR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12/7/97	ondawm nAve 9. AGE (In years It I last birthday) Mon	Under I Year If Under 24 Hours hiths Days Hours Min.
A. USUAL OC	OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR		11. BIRTHPLACE (State or		12. CITIZEN OF
a done during most of working life, even if retired) INDUSTRY					WHAT COUNTRY?
Operato.		Balto. Transit Co.	14. MOTHER'S MAIDEN N		
Wm. Hen			Julia Clara Adams		
. WAS DECEASE	ED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT		DDRESS
no or ueknown)			Mrs.Jennie J		
18. 1.0	0 1		OF DEATH		INTERVAL BETWEEN
40	SE OR CONDITION		OF DEATH		ONSET AND DEATH
	LEADING TO DEAT	rH	onary occlusion		
heart failu	not mean the mode oure, asthenia, etc. It mea	ns the disease,	Maryoccuraton	· · · · · · · · · · · · · · · · · · ·	***** ********************************
injury or	complication which c	aused death.) DUE TD			
	ANTECEDENT CAUS				
	S OR CONDITIONS, II			700000770000000000000000000000000000000	***************************************
	THE ABOVE CAUSE (A)				
		(C)		·······	
	H				MET IN NO
TRIBUTING	SIGNIFICANT CONDI	NOT RELATED			
TO THE D	ISEASE OR CONDITION		ATION		20. AUTOPSY?
ISA, DATE C	OF OPERATION 1	SE. MAJOR FINDINGS OF OPER	ATION		YES NO OF
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in				(If in Baltimore City, g	
	R CONTRIBUTING	about home, farm, factory, street, office bldg.,	te.) INJURY OCCUR?		
NURY NURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
J. JORY		m. WHILE AT NOT WHILE			
22. I hereb	y certify that I att	tended the deceased from Aug	. 25 , 1952 to S	Sept. 7 , 19 5	2that I last saw the
deceased a	live on Sept. 7	1952 and that death occur	red at 12:00 ns, from	the causes and on th	e date stated above.
23A. SIGNA	TURE	/ 2	3B. ADDRESS		23c. DATE SIGNED
		trager M.D.	1400 N. Caroline	St	Sept. 7, 152
AA. BURIAL, ON, REMOVAL (S	CREMA 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town,	or county) (State)
urial	9-10-19			kesville,	Md.
ATE RECEIVE DCAL REGIST	TRAR	S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
	052 Tuntu	yton Velliaus, No.	G. Howard Stron	g 3207 W. No	rth Ave.
VS 150		/			
		6255	70008	300	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8304 Registered No.

Pe or Print)	ELIZAB	ETH MO	ONEY		2. DATE OF DEATH SE	PT. 6, 1952
PLACE OF D			01121	4. USUAL RESIDEN	ICE (Where deceased lived.)	
FULL NAME		al or instituti	on, give street address or	Md	1.1	01
SPITAL OR STITUTION	1012 Futow		location)	C. CITY OR TOWN	(If outside corpo at	hits, write RURAL and give township)
	1913 Eutaw	stree	T	Baltimore		wwiiship)
		T	Yrs. Mos.		S (If rural, give location)	
	tay in Baltimore	Lif	Days		aw street	
SEX	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months; Days Hours; Min.
F	W	singl		June 1 187	3 79	
A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
eamstri		Clo	thing	Baltimore		USA
. FATHER'S				14. MOTHER'S MAID	EN NAME	
Lawr	ende Moone	У		Julia Q	uinn	
. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
, ac ox analowa,	(57,500, 25.00 11.00 12.00		SECORITY NO.	John H. Mod	onev	
18. 33	24		CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY	Cer	ebral throm	bosis	one month
(This does	LEADING TO DEAT	TH f dylng e g	geni	eralized ar	terioselerosi	s sev yrs.
heart failu	re, asthenia, etc. It mea	ns the discase	е,	***************************************	***************************************	
111,411, 01			., 552 10			
	ANTECEDENT CAUS	SES	lef	t heminlegi	۵	ana manah
DISEASES OR CONDITIONS, IF ANY, GIVING (B) Left hemiplegia one mont			······································			
UNDERLY	HE ABOVE CAUSE (A)	STATING TH	E OUE TO			
			(C)			•••••••
	11					
TRIBUTING	IGNIFICANT CONDI	NOT RELATE	D =	10000		
	ISEASE OR CONDITION		FINDINGS OF OPER	ucoma		20. AUTOPSY?
ISA. DATE C	OF OPERATION 1	SB. MAJOR	FINDINGS OF OPER	ATION		YES NO X
21A. ACCIE	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., is	or 21c, WHERE DIE	(If In Baltimore City	
	R CONTRIBUTING [arm, factory, street, office bldg.,			
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
O NJURY	888X6XXX952	XXXXX	WORK NOT WHILE			
				ent all 8	to Sept. 6, 19	E2
		ended the	deceased from Se	, 19 10 ,	rom the causes and on	
deceased a		_, 1925,		3B. ADDRESS	rom the causes and on	23c. DATE SIGNED
201. 510.14	561/c	#/	Coole M. D.		land Avenue	0-8-52
A. BURIAL.	CREMA 248 DATE	14/1/2		RY OR CREMATORY	240. LOCATION (City, tow	
Burial	9/9/52		New Cathoda	ol Com	Doltimone :	N/a
ATE RECEIVE		S SIGNATU	New Cathedr	25. FUNERAL DIREC		ADDRESS
CAL REGIST	RAR LL A	neton		CHARLES F.	EVANS & SON	
PERS-	13771 17	7	1	9 0 01 011 0	Royal Ave.	
VS 150			and the same	. Un o	0 50	

2431 Maybell Coreball barombasis are les areas are non bu THE PARTY NAMED AND THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COLUMN TO THE PARTY NAMED I

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e.g., In or

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) 21E. INJURY

WHILE AT

210. TIME (Month) (Day) (Year) (Hour) NJURY 9/7/52 1:40 a. OCCURRED

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Route 140 near Finksburg

21F. HOW DID INJURY OCCUR? Driver of auto struck fixed object

22. I certify that I took charge of the remains described above, held an IARTIAL TUTOSY thereon and from Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\), accident \(\) suicide \(\), homicide \(\), undetermined \(\). 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION REMOVAL (Specify) BUTIAL 24B. DATE 9-10-52 Zion Lutheran Cem.

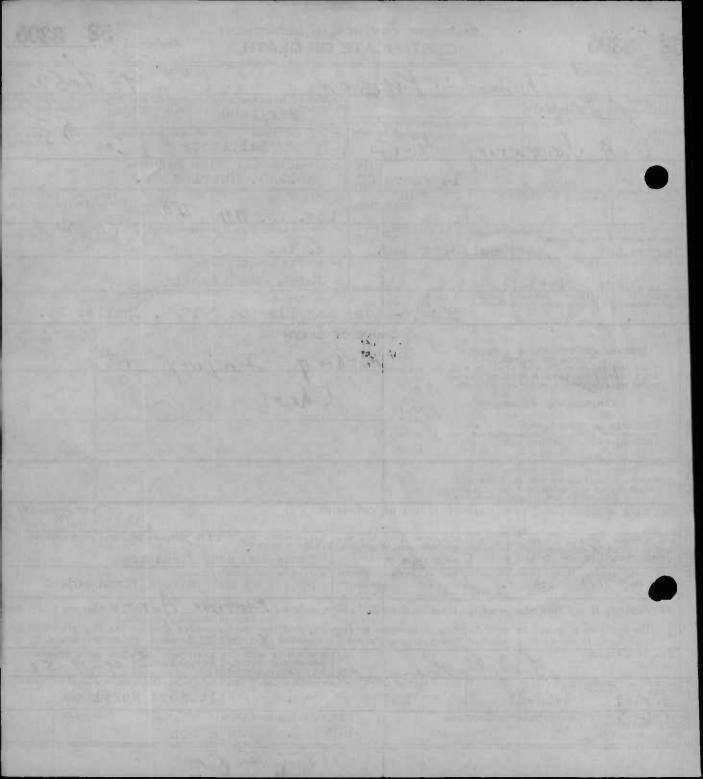
MEDICAL INVESTIGATOR Baltimore Maryland

20. AUTOPSY?

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Chas F. Evans & Son

V S 151

KOKAL



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8306 Registered No.

RTH NO.				
NAME OF DECEASED Conoun Poleona	2. DATE OF DEATH SUST, 5,1959			
PLACE OF DEATH: Baltimore City, Maryland	4. SUAL RESIDENCE (Where deceased lived it institution, regidence A. STATE B. COUNT: before admission)			
FULL NAME OF (If not in hospital or institution, give street address or	C. CITX OR TOWN (If outside corporate mits, write RURAL and give			
STITUTION 2/7 9/12 Kenn. aux	Balls: (I dustate corporate minus, The Roll and give township)			
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)			
Length of stay in Baltimore Days	8/7/11 rean (we			
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years li Under I Year Months Days Hours Min.			
A. USUAL OCCUPATION (Give kind of define divining most of work in elife, even if retired) INDUSTRY	BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?			
FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	Lucinoia suvensin			
(If yes, give war or dates of service) SECURITY NO.	17. INTORMANT			
18. 420.0 CAUSE	OF DEATH INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	To - love to co March ?			
(This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease,	vac vacaco vaca			
injury or complication which caused death.) OUE TO				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO				
UNDERLYING CONDITION LAST. (C)	8h dul			
II				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY7 YES NO			
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c				
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR				
ma. WHILE AT NOT WHILE AT WORK				
22. I hereby certify that I attended the deceased from	19, to 19, that I last saw the			
deceased alive on 19 and that death occur	red at 100 m., from the causes and on the date stated above. 3B. ADDRESS 239. PATE SIGNED			
M. O.	253 CW 19 118/12			
4A. BURIAL, CREMA- 24B. DATE 24C JAME OF CEMETE	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)			
mid 9/9/1402 (Malus 1	25. FUNERAL BIRECTOR ADDRESS 9 Q			
ATE RECEIVED BY REGISTRAR'S SIGNATURE	15 FUNERAL DIRECTOR HULLIAMS PLANWER AL			
VS 150	049 8 3 0 3			
1 1 3 290	677			

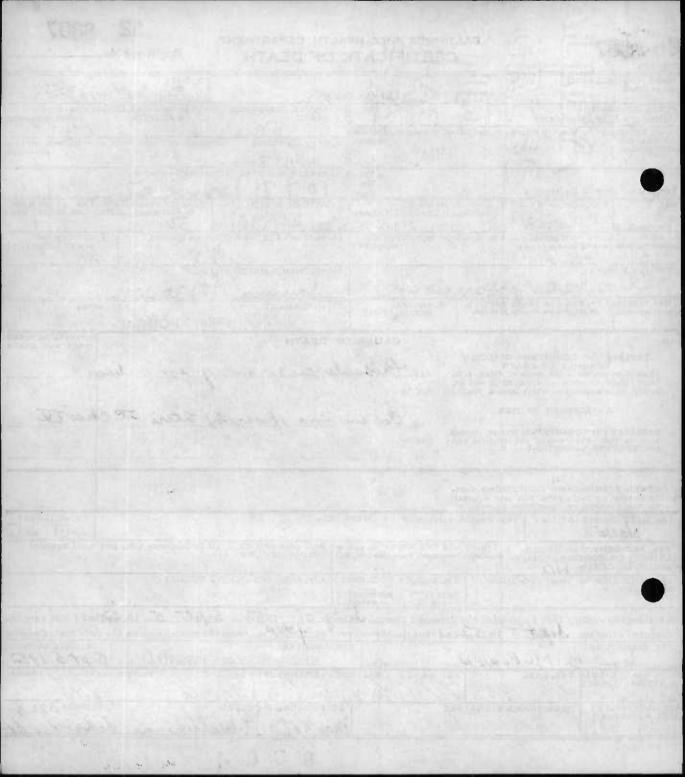
. · Colonocles to Ment. Deme -J.J.J.J. 15 2 Get 64 1/1/1/

RTH NO

DCAL REGISTRAR D8 - 195

52 8307

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE vne or Print) DEATH SEPT 5,1952 MANAGEN PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Maryland A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) (If outside corporate laffits, write RUPAL and give C. CITY OR TOWN JOHNS HOPKINS HOSPITAL STITUTION township) Yrs. D. STREET ADDRESS (If rural, give location Mos. Length of stay in Baltimore Days B. DATE OF BIRTH AGE (In years | if Under | If Under 24 Hours last birthday) Months; Days Hours; Min. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.
(WIDOWED, DIVORCED (Specify) 50 eperat A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTR' Housewite 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO (B) Carunoma of cerving Wari IC class IV ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NONE 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH NO 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ME (Month) (Day) (Year) (Hour) NOT WHILE 1952 to Sept . 5, 19 5that I last saw the July 1/ 22. I hereby certify that I attended the deceased from. 5. 19 5 and that death occurred at 459 Pm., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS JOHNS HOPKINS HOSPITAL MCKEWEN M. D. AA. BURIAL, CREMA-24C, NAME OF CRIVETERY OR CREMATORY 24D. LOCATION (City, town, or county) ATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR



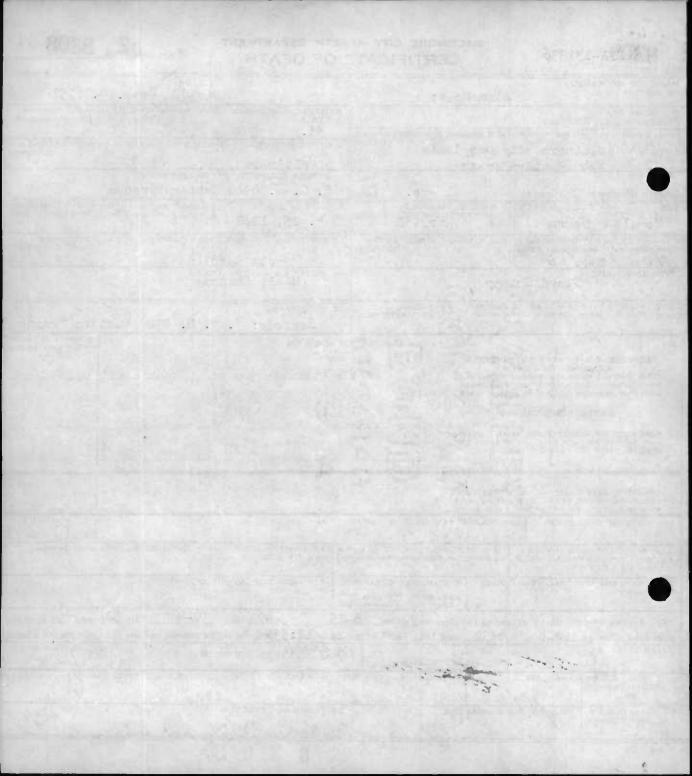
8306A-131336 IRTH NO.

NAME OF DECEASED Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8308

NAME OF DE ype or Print)	CEASED	Alma Mo	2665		OF Sept.	4 1952
PLACE OF DE Baltimore Ci	ity, Maryland	ALE ST		4. USUAL RESIDENCE (Where deceased lived, If	astituton: residence before admission)
FULL NAME C	OF (If not in hospi	tal or institution	on, give street address or location)	Md.	10	V
STITUTION I	Baltimore Ci	ty Hospi	Itals Tocation)		outs le corporate limit	ts, write RURAL and give township)
	4940 Easter	n Avenue	3	Baltimore		
			Yrs. Mos.	D. STREET ADDRESS (If	_ A	
	ay in Baltimore		Ll TS. Days	В. С. Н. 4940	eastern Avenu	10
Female	6.COLOR OR RACE		MARRIED, ED, DIVORCED (Specify) Married	Dec. 25, 1920	9. AGE (in years last birthday) Mo	Il Under 1 Year If Under 24 Heurs onths Days Hours Min.
	UPATION (Give kindo		OF BUSINESS OR	11. BIRTHPLACE (State or i	oreign country)	12. CITIZEN OF WHAT COUNTRY?
41 -21	working life, even if retired	"	INDUSTRY	South Car	olina	WIIAI COOMINII
FATHER'S N	AME	-		14. MOTHER'S MAIDEN N Mamie Shan		
	Floyd Sh	ni p py		Mamie Shan	KS	/
5. WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	Δ	DDRESS
s, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.		. H1 4940 Ea	A
					• 114 4740 20	INTERVAL BETWEEN
18.002	X		CAUSE	OF DEATH		ONSET AND DEATH
DISEAS	E OR CONDITION	DIRECTLY	757	The bound of	For odren	200
(This does	not mean the mode e, asthenia, etc. It me	of dying, e. g	· (A) PULINO	nary Tuberculosis	- rar advan	Ced
Injury or	complication which	caused death.	DUE TO			
	ANTECEDENT CAU	SES				
			(B)	***************************************		***************************************
	OR CONDITIONS,					70 172 174 174
UNDERLY	ING CONDITION L	AST.	(C)			
			(C)			
	11					
	IGNIFICANT CONE					
TO THE DI	SEASE OR CONDITIO	N CAUSING I	Γ			20. AUTOPSY7
19A. DATE O	FOPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		YES NO X
		l or DIA	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	
LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about bome, f	arm, factory, street, office bidg.,	etc.) INJURY OCCUR?	(21 III Daiminite oldy)	
2 TIME (Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
JURY		m.	WHILE AT NOT WHILE AT WORK			
00 X 1 1				-25 , 159 , to	9-4 19	52 that I last saw the
	y certify that I a	ttenaea the		rred at 12:55Am., from		
23A, SIGNAT	ive on 9-4					23c. DATE SIGNED
ZJA, SIGNAI	Ties.	7	Taremo.	13940 Eastern Aver	ine	9/4/52
4A. BURIAL,			AC NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town	n, or county) (State)
ON REMOVAL (S	pecify) Q/0/	1050	Ch to Just	Manage a 1	12 Killer	HIN
surrall	1/6//	7021	W CY LUMB 1	25. FUNERAL DIRECTOR	MANAS .	ADDRESS 322 4
ATÉ RECEIVE		R'S SIGNATU	I for	25. FUNERAL DIRECTOR	. 0	327.
SFP8-	1936 1 40	in Typ	Williams AK3	Mr. Katie O. Wel	liana Sch	welled st.
VS 150		a ,		0 8 3 0	1	
		4	1	0 0 0		



BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE pe or Print) OF UTHER ACKSON DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence PLACE OF DEATH: Baltimore City, Maryland before a mission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give SPITAL OR STITUTION HOSPITAL township) DATIMORE (If rural, give location) Yrs. o. STREET ADDRESS Mos. N. ULASKI Length of stay in Baltimore Days If Under 1 Year VIDOWED, DIVORCED (Specify) 9. AGE (In years) 8. DATE OF BIRTH SEX 6. COLOR OR RACE last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) A. USUAL OCCUPATION (Givekinder 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME FATHER'S NAME LEROU was DECEASED EVER IN U. S. ARMED FORCES? no or anknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. CAUSE OF 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., SICKLE CELL CRISIS henrt failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION 10000

218. PLACE OF INJURY (c. g., in or

21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED ME (Month) (Day) (Year) (Hour) NOT WHILE

22. I hereby certify that I attended the deceased from.

1952, and that death occurred at 10 25 deceased alive on 9 23B ADDRESS 23A/SIGNATURE

A. BURIAL, CREMA-

TE RECEIVED BY

CAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

Am., from the causes and on the date stated above.

20. AUTOPSY

19 that I last saw the

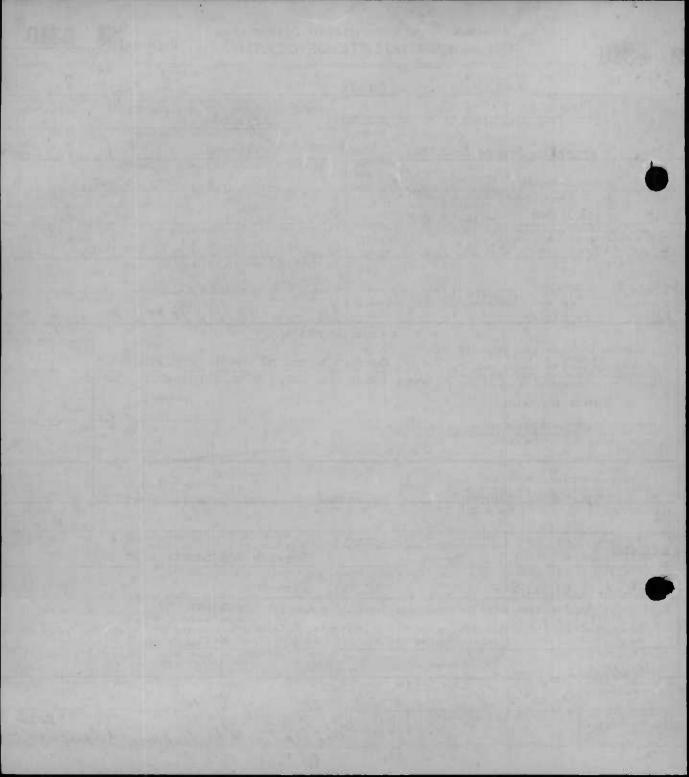
23c. DATE/SIGNED

21F. HOW DID INJURY OCCUR?

BALTIMORE CITY HEALTH DEPARTMENT

2210

RTH \$310 CERTIFICA	TE OF DEATH Registered No	COTO
NAME OF DECEASED ype or Print) JAMES W. TALL	EY 2. DATE OF DEATH Septemb	er 4, 1952
PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institu	tion: residence
Baltimore City, Maryland FULL NAME OF 'f not in hospital or institution, give street address	A. STATE B. COUNTY	before admission)
OSPITAL OR locatio		
Franklin Square Hospital	Baltimore	township)
Yrs Mos		
Description Day Day	1628 W. Mulberry Street	
Male Colored 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Special Married)	8. DATE OF BIRTH 9. AGE (In years 1 Under 1 1 Sast birthday) Months: 1	Year If Under 24 Hours Days Hours Min.
A. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS OR INDUSTREED OR INDUSTREED OF BUSINESS	Marklynburg Va. &	HAT COUNTRY
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL 16. SECURITY NO.	17. INFORMANT ADDRE	ss o./
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Guns		HERV L BETWEEN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about home, farm, factory, street, office bldg. Street 21b. PLACE OF INJURY (e. g. about home, farm, factory, street, office bldg. Street 21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR	(If in Baltimore City, give ex INJURY OCCUR? Parrish and Saratoga Streets RED 21F. HOW DID INJURY OCCUR?	act location)
pt. 4, 1952 11:30 P. m. WHILE AT NOT WHIL	Firearms	
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural caus	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day	reon and from stated above, rmined .
A. BURIAL, CREMA- 248 DATE (124C, NAME OF CEMET	M.D. MEDICAL INVESTIGATOR Sept	
M. REMOULA (Specify) 9/10/1952 Ballo 1/4	TERY OR CREMATORY 240 LOCATION (City, town, or con-	(State)
SEP 8 - 15 Huntington Wallace	Mrs Katu R. Williams Suh	relevent
S 151 N8(1,4 9 5 2 9703	A 6 3 0 F	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

8311 Registered No

IRTH NO.							
NAME OF D	ECEASED	James	Turner		2. DATE OF DEATH	Sept. 7-	1952
. PLACE OF DI Baltimore C	City, Maryland	al or institution	, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland	Where dcccased lived 8. COUNTY		: residence ore admission
OSPITAL OR NSTITUTION	Baltimore (ity Host	1 A2 \		f outside corpora e li	imits, write Ru	township
. Length of s	tay in Baltimore	Life	Yrs. Mos. Days	d. STREET ADDRESS (If)	
M SEX	6. COLOR OR RACE	WIDOWE	MARRIED. D. DIVORCED (Specify)	June 20-1878	9. AGE (In years last birthday)	Months Days	If Under 24 Hours Hours Min.
k done during most of	CUPATION (Give kind of of working life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZ WHA	EN OF T COUNTRY
FATHER'S	John Tr	urner	(R)	14. MOTHER'S MAIDEN N	AME		
	D EVER IN U.S. ARMEI (If yes, give war or date		6. SOCIAL SECURITY NO.	Records: 4940 Eas	city Hospi	1 tals	
(This does heart failu Injury or DISEASES	SE OR CONDITION LEADING TO DEA' not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A)	TH If dying, e.g., s the disease, aused death.) SES F ANY, GIVING STATING THE		OF DEATH	seas•		VAL BETWEEN F AND DEATH
TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT	NOT RELATED					

19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)

IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE

22. I hereby certify that I attended the deceased from 9-5-

deceased alive on 9-7-19.52 23A. SIGNATURE

and that death occurred at 2.104 m., from the causes and on the date stated above.

24C. NAME OF CEMETERY OR CREMATORY 248. DATE BURIAL, CREMA-ION REMOVAL (Specify)

DATE RECEIVED BY OCAL REGISTRAR

4940 Eastern

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

19 52 to 9-7-

Ave. Baltimore .Md. 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR

ADDRESS

(If in Baltimore City, glve exact location)

20. AUTOPSY

, 1952, that I last saw the

23c. DATE SIGNED

Sept. T. Jose 1587-05 emily Less chemiter is reint in Assentia SERVICE OF THE PURCH. THE PARTY THE DAY I WE WANTED

3 5 5 8312 1RTH NO.
NAME OF DEC
PLACE OF DE

55				-010
8312	CERTIFICATE		Registered No.	8312
RTH NO.	CERTIFICATE	OF DEATH		
NAME OF DECEASED		12	DATE	
ype or Print) Ruth	Redmond		OF 9/5	15-2
PLACE OF DEATH: Baltimore City, Maryland	1	4. USUAL RESIDENCE (Where		itution: residence before admission)
	institution, give street address or	MARYLAND	15.000	be-
SPITAL OR	/ · / o location)	C. CITY OR TOWN (If outs	ide corporate limits, wi	rite RVIR A mend give
STITUTION Provident H	ospiral	1) /-	12-	township)
		DALIMOR		
	Yrs.	D. STREET ADDRESS (If rura	l, give location)	
Leann of stay in Baltimore	43 yrs. Mos. Days	2437 McCu	LLoh SIRE	EET
SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED.	8. DATE OF BIRTH 9.		1 Year It Under 24 Hours
= 1 1 1 1	WIDOWED, DIVORCED (Specify)	1/1 22 16 22	last birthday) Months	Days Hours Min.
EMALE (OlORED)	MARRIED	1404 23, 170/	44	
A. USUAL OCCUPATION (Give kind of dooe, during most of working life, even I fretired)	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF
House wife	HOME INDUSTRY	PIXESVILLE M		U.S. A.
FATHER'S NAME	1101112	14. MOTHER'S MAIDEN NAME	0	0.3.4.
John GRINAGE		D77 77		
. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16. SOCIAL	Auth Thon		
, oo or ookoowo) (If yes, give war or dates of s	security No.	17. INFORMANT	ADDF	
		MR. VAN LEAR KEDA	101vd -2437,	McCulloh St.
18. 1534	CAUSE	OF DEATH		INTERVAL BETWEEN
1221	ECTI V			ONSET AND DEATH
DISEASE OR CONDITION DIF	Me tas	Ledie (areinam		4-5-
(This does not mean the mode of d	ying, e.g., (A)	12110		J. G. Lens
heart failure, asthenia, etc. It means t injury or complication which caus				- /
	1			
ANTECEDENT CAUSES	(an	inama of The	aleman	
DISEASES OF COMPITIONS IS A				
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.				
H I	(C)			
OTHER SIGNIFICANT CONDITIO	ONS CON-			
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA			*******	***************************************
	MAJOR FINDINGS OF OPER			20. AUTOPSY7
				YES NO P
21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in	Baltimore City, give	
	out home, farm, factory, street, office bldg., e		paramore oray, gave	chact rocavony
TIME (Month) (Don) (Von) (H	TOTAL IN HIRV OCCUPER	ED 21F. HOW DID INJURY OF	CUP?	
JURY (Month) (Day) (Year) (Ho		ZIF. HOW DID INSURT OF	CORT	
	m. WHILE AT NOT WHILE			
20 77 -7 -10 17 17 17		0/1/ 10524	9/5 1052 1	hat I last saw the
22. I hereby certify that I attemp		8/6/, 1952, to	//	
		red at 11.65 pm., from the		
23A. SIGNATURE	luh 2	3B. ADDRESS	R 11. 2	3c. DATE SIGNED
1/1/1	N Ber M.D. P	indent Hospital, 4) 4/1 mod	9/6/52
A. BURIAL, CREMA- 248. DATE	24C. NAME OF CEMETER	RY OR CREMATORY 246. LOCA	TION (City, town, or o	county) (State)
Burial Sept. 9,	1952 Arbutus	Mem. Park Balti	more Co	Maryland
		25. FUNERAL DIRECTOR		DRESS
ATE RECEIVED BY REGISTRAR'S S	1 4			
FD8-1057 H A	too VIII augo Mi	Colland Funeral H	Iome-1631 D	ruid Hill
	3			Asso

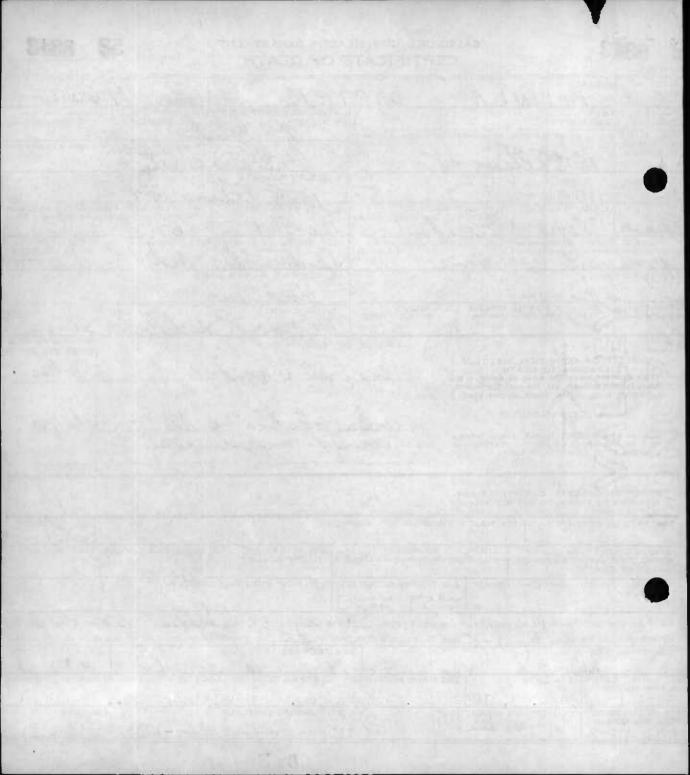
BALTIMORE CITY HEALTH DEPARTMENT

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CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE ype or Print) OF MALINDA DEATH PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or FULL NAME OF OSPITAL OR location) (If outside corporate lim ISTITUTION township) Yrs. Mos. Length of stay in Baltimore Days COLOR OF RACE 7. SINGLE, MARRIED. PAGE (In years If Under 1 Year If Under 24 Hours Min. WIDOWED, DIVORCED (Specify) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ACE (State or foreign country 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY Housewell B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MANDEUR 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 88, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) CAUSE OF DEATH IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 1951. and that death occurred at \$756m., from the causes and on the date stated above. deceased alive on Lat h 23A. SIGNATURE 23c. DATE SIGNED ON, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Auburn Cem. Baltimore Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Home-1735 Druid Hill

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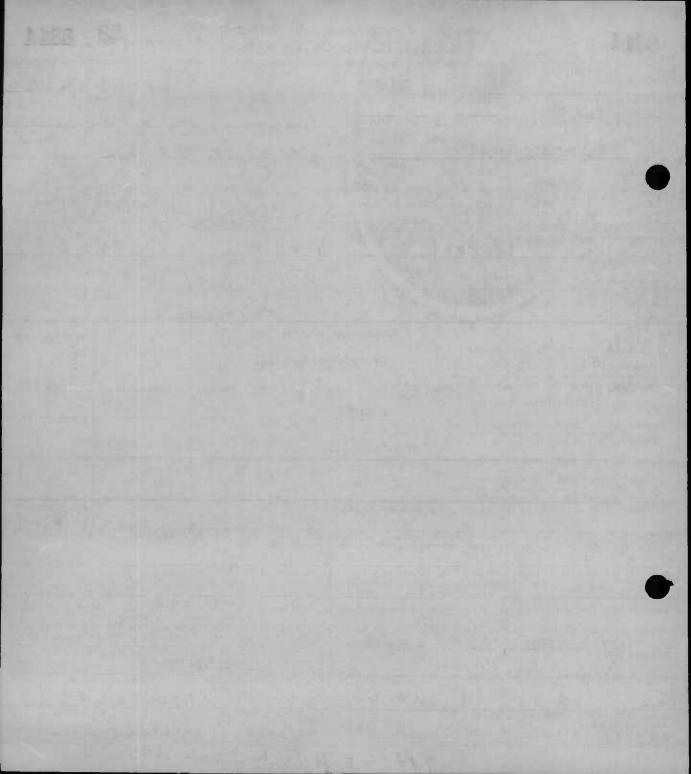


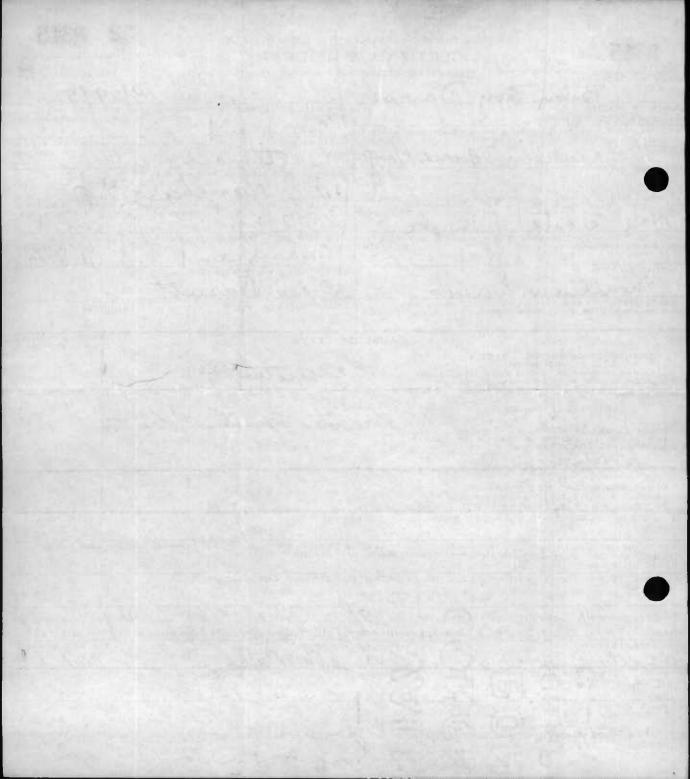
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8314

BIRTH NO.	
NAME OF DECEASED Type or Print) JOHN BAILEY	2. DATE OF DEATH September 7, 1952
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. CQUNTY before admission)
FULL NAME OF If not in hospital or institution, give street address or	MD Washington
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
University Hospital	D. STREET ADDRESS (If rural, give location)
Mos. Days	7/00
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year li Under 24 Hours last birthday) Months: Days Hours; Min.
Male White Merrico	PEPT. 5,1909 43 1
OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR rk dene during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
DATCHEY ROTAL	14. MOTHER'S MAIDEN NAME
JOHN J. Builex	Ellen Lilliston
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL	17. INFORMANT ADDRESS
No	8. andlasa
18. 491X , CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Report	hopneumonia
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	TOPHEMIOLICA
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	3.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
	YES X NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	72.4.2.4.
22. I certify that I took charge of the remains described a	Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or In and death in my opinion resulted from: natural causes	nquiry, find that said deceased died on the day stated above. \mathbb{Z} , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE M.	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B. DATE 0 24C. NAME OF CEMETER ION, REMOVAL (Specify) 9-8-5- 7/1/1	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR , ADDRESS
ED 8 - 1932 Thurington Williams, My?	annay meess
VS 151	& Dunanetch M





00 AB-162861 8316

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Ro. 8316

H NO.		
AME OF DECEASED e or Print) Edmont Novak	E (EDMONT E. NOWAK) OF Sept. 8-19	952
LACE OF DEATH: altimore City, Maryland		residence e admission)
JLL NAME OF (If not in hospital or institution, give a PITAL OR TITUTION Baltimore City Hospital 4940 Eastern Ave.		AL and give township)
1710 22500211 25000	Yrs. O. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore 2days	Mos. Days 15448 Bringard Street	
ex 6. COLOR OR RACE 7. SINGLE, MARR WIDOWED DIVE	ORCED (Specify) 8. DATE OF BIRTH ORCED (Specify) 9. AGE (In years It Under I Year last birthday) Months: Days It	H Under 24 Heurs Hours Min.
USUAL OCCUPATION (Give kind of lone during most of working life, even if retired) POLICE DETROIT	INDUSTRY. WHAT	COUNTRY?
FATHER'S NAME John Novak	14. MOTHER'S MAIDEN NAME Madaline BROSCZ	1
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service) SECURITY WART	CURITY NO. 17. INFORMABILITIMORE City Hospitaliss Records: 4940 Eastern Ave.	
18. 080.0 I DISEASE OR CONDITION DIRECTLY	CALISE OF DEATH INTERVA	L BETWEEN
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	Acute Bulbar Pelienvelitis 5	days
injury or complication which caused death.)	E TO	
ANTECEDENT CAUSES	в)	
UNDERLYING CONDITION LAST.	Е ТО	
	C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDIN	NGS OF OPERATION 20. AL	TOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory CAUSE OF DEATH	INJURY (e.g., in or y, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact lost in Baltimore City.	cation)
OF URY WHILE AT	NOT WHILE	
m. WORK \sqsubseteq 22. I hereby certify that I attended the decease	ed from 9-6, 1952 to 9-8, 1952 that I la	ot agan the
	at death occurred at 1.20M, from the causes and on the date sta	
23A. SIGNATURE		E SIGNED
. BURIAL, CREMA- 248, DATE 24C. NAM	ME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)	
	T. OLIVET CEM. DETROIT, MICH	1GAN
CAL REGISTRAR THE LANGE OF THE	us, M. Charles S. Seiler 901 S. Con	KLING
VS 150	BALTO	ST
	773 93 0 8 3 1 3 87210.	YMD

832 8316 Manager House I - Division of the Land Street Street Street . We was a second of the second A CLUM BY THE STATE OF THE STAT ALTERNATION AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN T Avat 3 1 1 1 2222 ayin 251 by car Car both of THE RESTRICTION SECTION AND SECTION OF THE PARTY OF THE PART DUTCHER STEEL KEEP TO MAKE THE HELD THE FOREST AND THE STEEL STEE

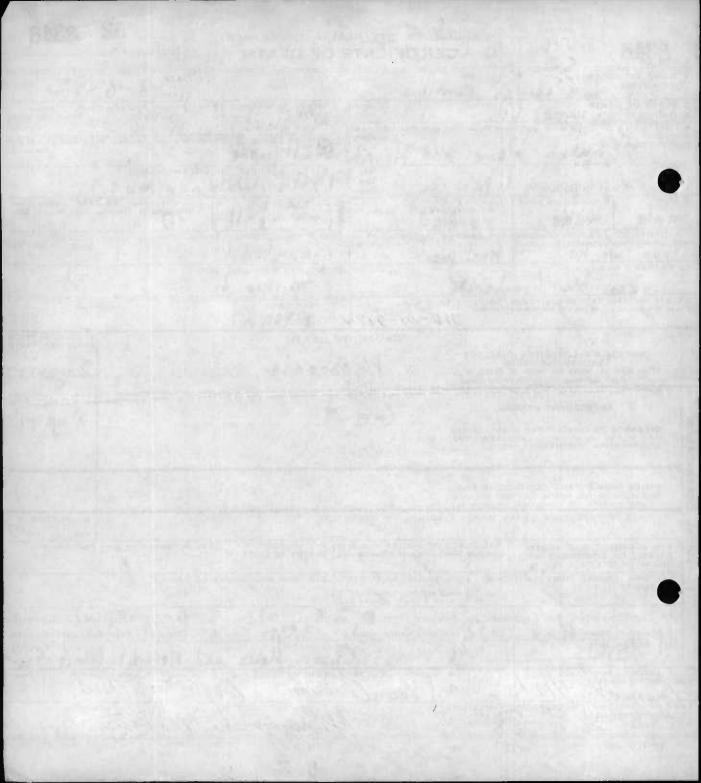
53 52	8317
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8317

В	IRTH NO.			CE	RIFICATI	OF DEAT	Н	register	u 110		
1.	NAME OF D	ECEASED						2. DATE			
(7	'ype or Print)		MARIA	D.	CANTALUPO			OF Se	otemb	er 5.1	052
3. A.	PLACE OF D Baltimore	EATH: City, Maryland 2	619 Eas	ter	n Ave.	4. USUAL RESIDE	ENCE (W		d. If insti	tution : res	
В.	FULL NAME				ive street address or	Md.			4	77	
11	OSPITAL OR				location)	c. CITY OR TOWN		outside corporate l	imita wr		L and give township)
10							timore				
C.	ngth of s	tay in Baltimore	A	bou	rt 53 Yrs. Mos. Days	D. STREET ADDRE		ural, give location)		
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MA	RRIED.	8. DATE OF BIRTH	1	9. AGE (In year	s II Under	Year II i	nder 24 Hours
	Female	White	M	ido	Worced (Specify)	October 23,		last birthday)	Months	Days Ho	urs Min.
	done during most	CUPATION (Give kind of of working life, even If retired)			BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or for	reign country)	12.	CITIZEN WHAT CO	OF DUNTRY?
		e Work	At	; Ho	me		aly			US.A.	
13	FATHER'S	NAME				14. MOTHER'S MA	IDEN NA	ME			
1.0	WAS DECEASE	Luigi Sta				Max	ry Dim	arco			
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16.	SOCIAL SECURITY NO.	17. INFORMANT			ADDR		
	-	-	-		(included how sent dated	Louis C.	ANT	AUPO	5	AME	=
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	FANY, GIVING THE	ie, i.)	(A) My DUE TO (B) High DUE TO CO	setrucia	Dr. Co	general	Seus	ONSET AN	
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D							
J	19A. DATE O	F OPERATION 1	9в. MAJOR	FINI	DINGS OF OPER	ATION				20. AUT	OPSY?
Y										YES	NO L
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home,	ACE C	OF INJURY (e. g., iz ctory, street, office bldg., e	to,) 21c. WHERE D	R? (If	in Baltimore Ci	ty, give	exact loca	tion)
Σ		Month) (Day) (Year)	(Hour)	21E. I	NJURY OCCURRI	D 21F. HOW DID	INJURY	OCCUR?			
NJURY WHILE AT NOT WHILE MORK AT WORK											
	22. I hereb	y certify that I att	ended the	deee	ased from	mag 4 19 5	Zto	FIFT 5 , 19	952th	at I last	sam the
deceased alive on Sept 2, 1952, and that death occurred at 12:30 m. From the eauses and on the date si							ate state	d above.			
	23A SIGNAT	TURE \	ange	-	Dr M. D. 2	3501 Fact	are	Baltini	25	9-6	SIGNED -52
2	A. BURIAL, C	CREMA- 248. DATE		24c.1		RY OR CREMATORY	24D. LO	CATION (City, to	wn, or co	ounty)	(State)
TIC	Burial	Sept. 9	, 1952		Oak Lawn O	emetery	7225	Eastern A	ve.	Balto.	Oo. Mc
	ATE RECEIVE		SIGNATU	JRE .	WA RED	25. FUNERAL DIR	ECTOR	007.0	AD	DRESS	

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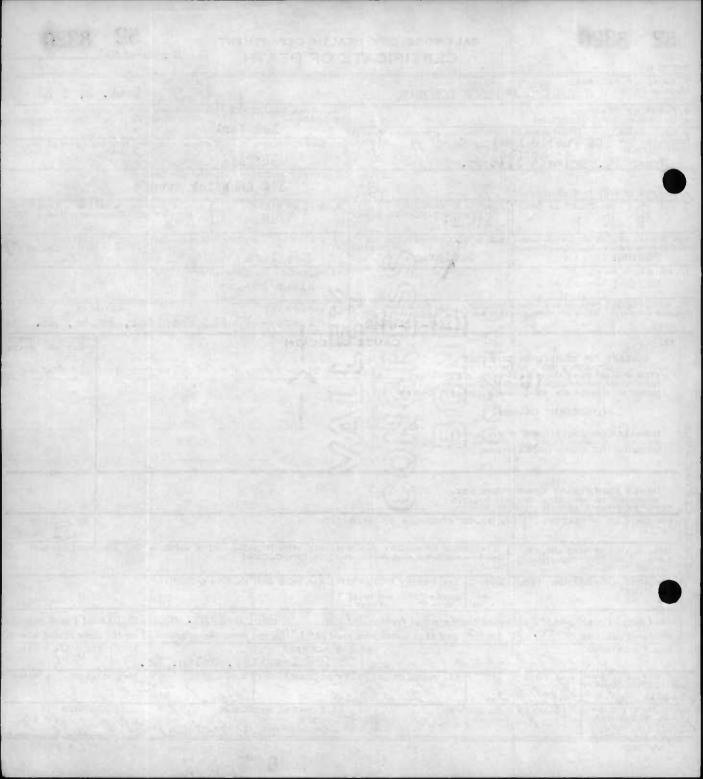
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BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	0020
1. NAME OF DECEASED (Type or Print)	erbara hu	arsalela	2. DATE OF DEATH	F. 7/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	100	4. USUAD RESIDENCE (W		tution : residence before admission)
	or institution, give street address or location)	Maryla	outside corporate librits, wr	^ 7
	GO Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	Mos. Days	day N. DL	INCAN ST	-
Venula Melux	7. SINGLE, MARRIED. WIPOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years li Under last birthday) Months	
work done during most of working life, even if retired)	NOW INDUSTRY	11. DARTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	. 6	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED, F (Yes, no or unknown) (If yes, give wer or dates of	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	MOCON	ESS
		dumes 1	surralla	
DISEASE OR CONDITION DI		OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
(This does not mean the mode of	dying, e.g., (A)	Misolardial	laudure	of wichs.
heart failure, asthenia, etc. It means injury or complication which cau	the disease,	P. D. T	a day o	- dans
ANTECEDENT CAUSES	5	allinendil	eaema	zaugs
DISEASES OR CONDITIONS, IF A	NY, GIVING	Tureno los b	1-0-1-06:1	7
UNDERLYING CONDITION LAST		000, 0000	- Jenarangey	
11				
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C	T RELATED			
	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
O	210 DLACE OF INDURY (5	- 216 WUEDE DID (I	6 in D-14i C'4i	YES ND
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c, WHERE DID (I	f in Baltimore City, give	exact location)
P. TIME (Month) (Day) (Year) (H		ED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE			
22. I hereby certify that I atten	~	1852, to A		at I last saw the
deceased glive on 77,	1952, and that death decur	3B. ADDRESS	hekauses and on the do	ate stated above.
faust file	with M.D.	26235.	Merunalton	09-9-8,1922
TION REMOVAL (Specify)	157 Kaly boll	Cemer Pa	CATION (City, turn, or po	ounty) (State)
DATE RECEIVED BY REGISTRAR'S	SIGNATURE VINIALLE, 1.	4. Grandon	90 de l 60	The H

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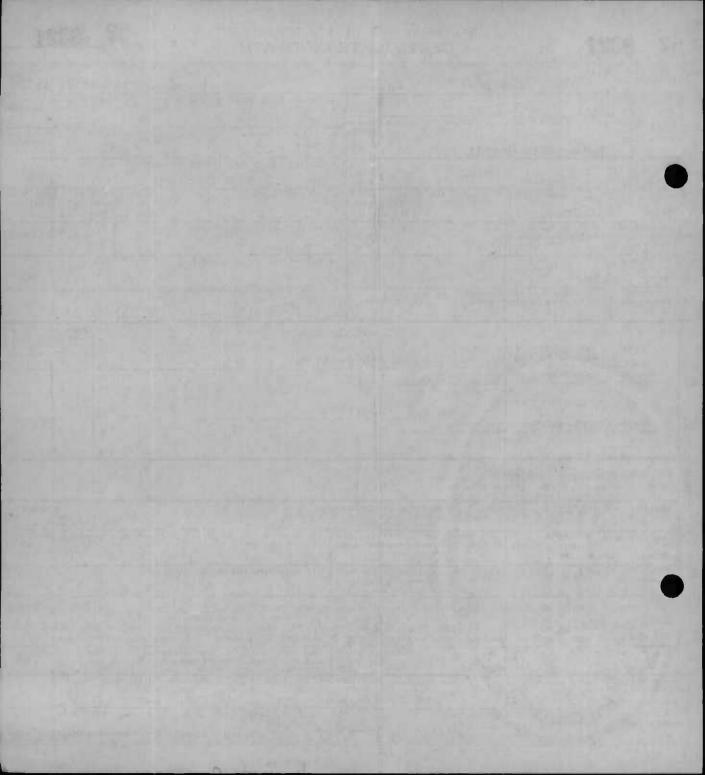
BALTIMORE CITY HEALTH DEPARTMENT

× 52 8320

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.			
1. NAME OF DECEASED (Type or Print) DANIEL AN	GELOS DONOHUE		2. DATE OF Sept. 8, 1952			
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital	or institution, give street address or	4. USUAL RESIDENCE (When A. STATE New York	re deceased lived. If institution: residence B. COUNTY before admission)			
HOSPITAL OR US Public Hespit	alth Service location)		tside corporate limits, write RURAL and give township)			
Wyman Pk. Drive & 31s	Yrs. Mos.	D. STREET ADDRESS (If rur 118 Kenefic				
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9 6/4/89	AGE (In years II Under 1 Year last birthday) Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or forei				
13. FATHER'S NAME Daniel Donohue		14. MOTHER'S MAIDEN NAM Ellen Neafsy				
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give wer or detes of	forces? 16. SOCIAL SECURITY NO. 106-12-4842	17. INFORMANT Records- US PHS	ADDRESS Hospital, Balto, Md.			
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 1 19E	MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY? YES NO			
L CALISE OF DEATH	21B. PLACE OF INJURY (e.g., 1a ebout home, ferm, factory, street, office bldg., e		n Baltimore City, give exact location)			
2 INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
23A. SIGNATURE	19 52, and that death occur	red at 4:30A m., from the 3s. ADDRESS US PHS Hospital, Ba	lto, Md. 9/8/52			
ALEX REMOVAL (STORY)	52 24G. NAME OF CEMENTS	RY OR CREMATORY 24B. LOC.	ATION (State)			
DATE RECEIVED BY BEGISTRAR'S LOCAL REGISTRAR	Signature Williamy H. N. Za	25. FUNERAL DIRECTOR	Jan-38/8 Noloud			
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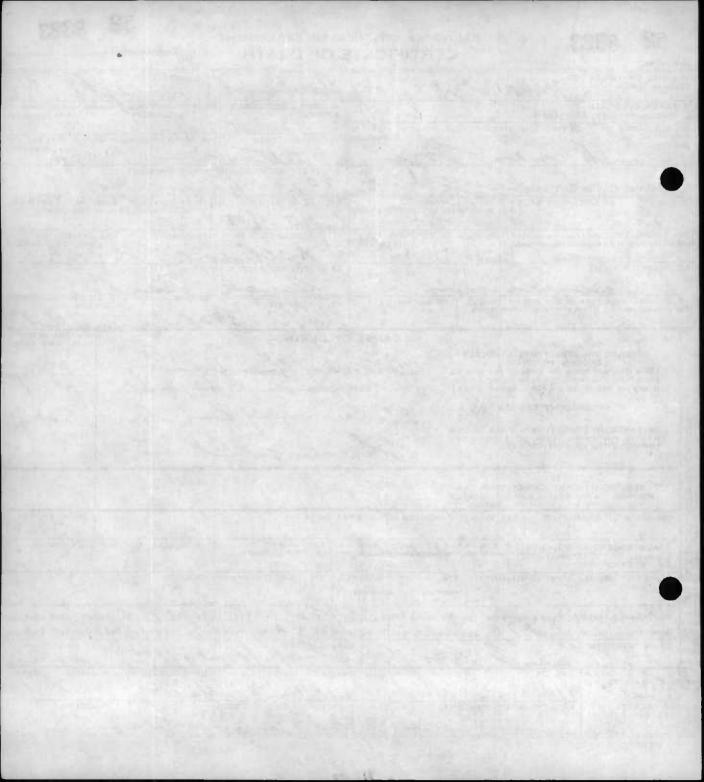


BALTIMORE CITY HEALTH DE Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH September 7, 1952 WALLACE DAVID 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Baltimore A. STATE B. COUNTY before admission) B. FULL NAME OF ('f not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore University Hospital D. STREET ADDRESS (If rural, give location) Mos. Life 314 N. Carey ength of stay in Baltimore Street Days 6. COLOR OR RACE 9. AGE (In years | H Under | Year | H Under 24 nous | Last birthday) | Months | Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 24 Hours Male Colored 5-20-52 10A, USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY None Baltimore City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Percy Wallace Mattie Lark 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. Mattie Wallace-314 N. Carey St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Dehydration (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXXX ANTECEDENT CAUSES Diarrhea RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION YES X 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING TI CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. Sept. MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION. REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Durial DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR LOCAL REGISTRAR untinglow V S 151

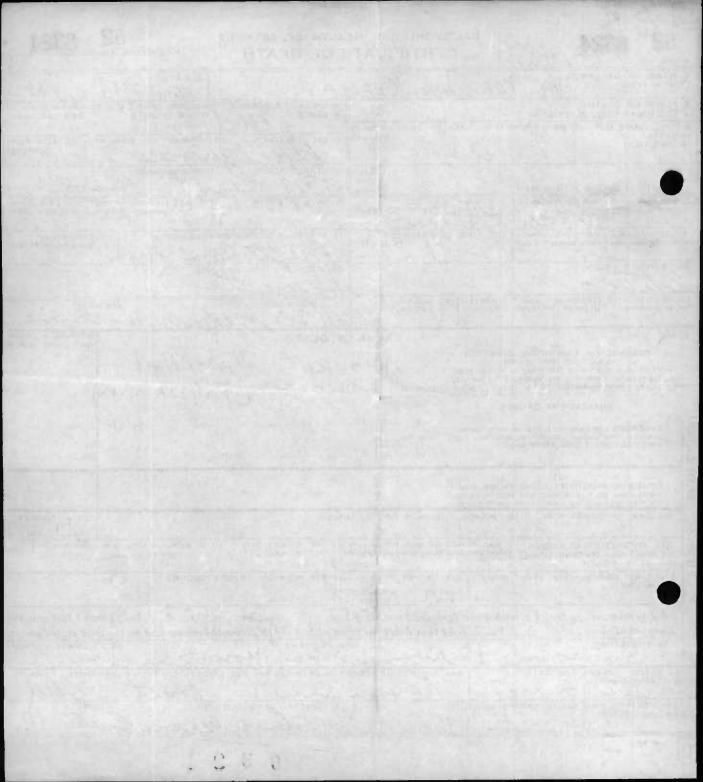


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52 8322 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 8322		
1. NAME OF DECEASED (Type or Print) HARRY COOPER	DELCHER 2. DATE Septembers	
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR INSTITUTION 3500 (Li FTON AVE.	BALTI MORE 15-48 township)	
c. Length of stay in Baltimore	300 (VIETAU AUF	
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Special Control of the Color of the Colo	8. DATE OF BIRTH 9. AGE (In years) If Under I Year II Under 24 Hours	
10A. USUAL OCCUPATION (Givekind of retired) 10B. KIND OF BUSINESS OR INDUSTION (Block of retired) 10B. KIND OF BUSINESS OR INDUSTION (Block of retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
William Delcher	BARBARA LARRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO	Mrs Freda Delcher 3500 Clifty Un.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) FrileptiForm Convulsions 12 Artentiform Convulsions 12 Artentiform Convulsions 12 Artentiform Convulsions 13 Artentiform Convulsions 14 Artentiform Convulsions 15 Artentiform Convulsions 15 Artentiform Convulsions 16 Artentiform Convulsions 17 Aributing to the Death, But Not related to the Disease or Condition Causing IT. DISEASE OR CONDITION CONTRIBUTIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.		
. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OP	PERATION 20. AUTOPSY?	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH YES NO YES		
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE NOT W		
22. I hereby certify that I attended the deceased from April 29, 1947, to September 1952, that I last saw the deceased alive on September 1952, and that death occurred at 1.31 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED		
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR GREMATORY 24b. LOCATION (City, town, or county) (State) Runial 24b. DATE 24c. NAME OF CEMETERY OR GREMATORY 24b. LOCATION (City, town, or county) (State)		
Burial 9/10/52 Loudon Park Baltimore, Md. DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR Thurtungton Williams, MS W. W. Means and Son Sas M. Calvoy Sk.		
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52 8324 14835 BALTIMORE CITY HEALTH DEPARTMENT 52 8324 BIRTH NO. 474 14835 CERTIFICATE OF DEATH Registered No. 8324		
1. NAME OF DECEASED VICTOR HACKERMAN 2. DATE OF OF DEATH SOFT 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, It institution: residence A. STATE B. COUNTY before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY TOWN (If outside corporate limits, write RURAL and give	
Yrs.	D. STREET ADDRESS (If rural, giye location)	
c. gth of stay in Baltimore Mos. Days	V319 Fest all	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WOOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under I Year I Under 24 Hours Min. Months: Days Hours Min.	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	14/MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17 INFORMANT HALKDEMAND - Johns	
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH AMAUROTIC FAMILIAL (A) AMAUROTIC FAMILIAL (B) DUE TO TO CY (TAY-SACAS P2)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?		
VES NO LA 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH YES NO LA 21B. PLACE OF INJURY (e. g., in or labout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location)		
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from Seft?, 1957to Seft s, 1957that I last saw the deceased alive on Seft s, 1957 and that death occurred at 12:55m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED		
240. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE THE STATE OF CEMETERY OF CREMATORY ADDRESS LOCAL REGISTRAR'S SIGNATURE THE STATE OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) (State) ADDRESS ADDRESS THE STATE OF CEMETERY OF CREMATORY ADDRESS ADDRESS THE STATE OF CEMETERY OF CREMATORY THE STATE OF CEMETERY OF CEMETERY OF CREMATORY THE STATE OF CEMETERY OF CE		
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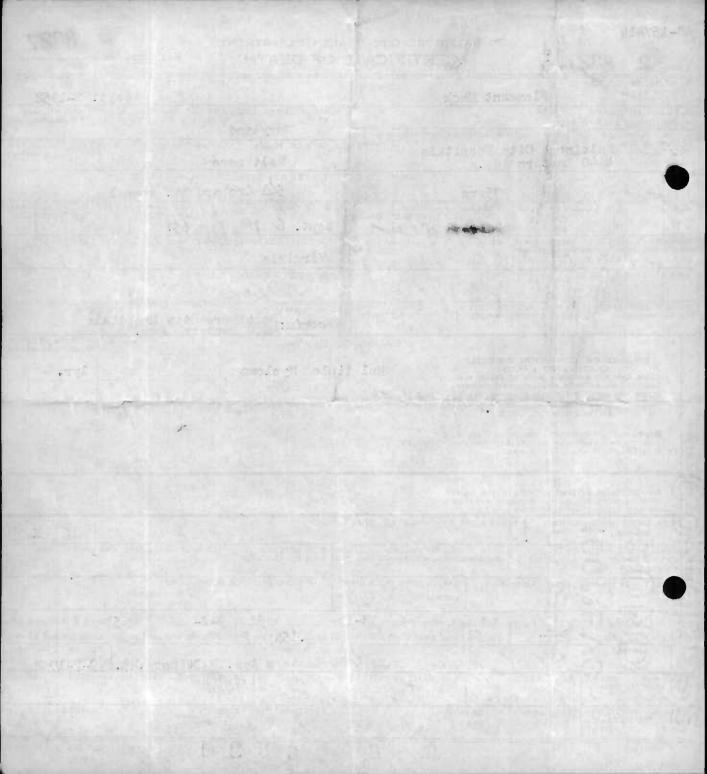
7	50						
	52 83	325			EALTH DEPARTMENT	Registered 1	8325
81	RTH NO.						
	NAME OF Di ype or Print)	ECEASED HA	RR'	1 5	TEIN	OF DEATH	8-52
3. A.	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
H	SPITAL OR STITUTION	936 M	al or institutio	n, give street address or location)	c. CITTOR TOWN (I	f outside corporate limit	s, write RURAL and give
7	Ongth of st	tay in Baltimore		Yrs. Mos-	o. STREET ADDRESS (III	trural, give location)	+
	SEX	6. COLOR OR RACE	7. SINGLE.	/ O Days	9. DATE OF BIRTH	9. AGE (in years)	H Under 1 Year H Hoder 24 Hours
The	ale	White	WIDOWE	D. DIVORCED (Specify)	0		onths Days Hours Min.
		CUPATION (Give kind of Orking life, even if retired)		OF BUSINESS OR INDUSTRY	11. BUTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN N	IAME	
1	tolo.	mon			Leah		
(Ye	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17 NFORMANT Reversa	Stein -	DORESS
ERTIFICATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEA, not mean the mode or e, asthenia, etc. It mea complication which of the complication which of the complication which of the complication which of the complication of the	of dying, e.g., ins the disease, caused death.) SES F ANY, GIVING STATING THE	OUE TO (B) Arks	meny his	hi vasal	10 days
ERT	TRIBUTING	IGNIFICANT CONDI	NOT RELATED				
U		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	TON DATE O	0					YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g., i m,factory,street,office bldg.,		(If in Baltimore City,	give exact location)
	D. TIME	(Month) (Day) (Year	WI	IE. INJURY OCCURR ILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I herch	y certify that I at	tended the d	eceased from	1957to	9 - 8 - 195	2, that I last saw the
	deceased al			nd that death occur	rred at m. from		he date stated above
	23A. SIGNA	PURE			3B, ADDRESS	0. 116	23c. DATE SIGNED
	0	· M. Am	some	M. O.	11099.	way H	7-8-52
T/0	N. REMOVAL (S	pecify) 9-9-	F2 2	4c. NAME OF CEMETE	CRY OR CREMATORY 24D. I	LOCATION (City, town	, or county) (State)
DEC	ATE RECEIVE DCAL REGIST	D BY REGISTRAR	s SIGNATUR	liaus, MT?	P.B. FUNERAL DIRECTOR	R 21006	ADDRESS PL
	VS 150		1 0	5 2 6	00832	9	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8326
Registered No.

(Type or Print) Rose Daigy B	tannan OF 9/6/52
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If Institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
alsh buston Mursing Home	Balto. 3-01 township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 213 Drenning Ourt
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WILDWED, DIVORCED (Specky)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year Ill Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Win J. Brannan	Vane Theresa Bynne
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	of DEATH wime of Signoid calzed Carcinomatric gestive Heart Failure
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., of CAUSE OF DEATH	otc.) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Adeceased alive on 19 and that death occur 23. SIGNATURE R. P	rred at 3 m., from the causes and on the date stated above. 23B. ADDRESS CONTROL STATE SIGNED 23c. DAYE SIGNED
24A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETE 110N, REMOVAL (Specify) 9/9/5-2 NEW Q/	thedral Balto. Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR SEP 9 1872 Huntington Williams Mg.	25. FUNERAL DIRECTOR ADDRESS Wy Box Suc 1217 St. Baul st.
VS 150	100299

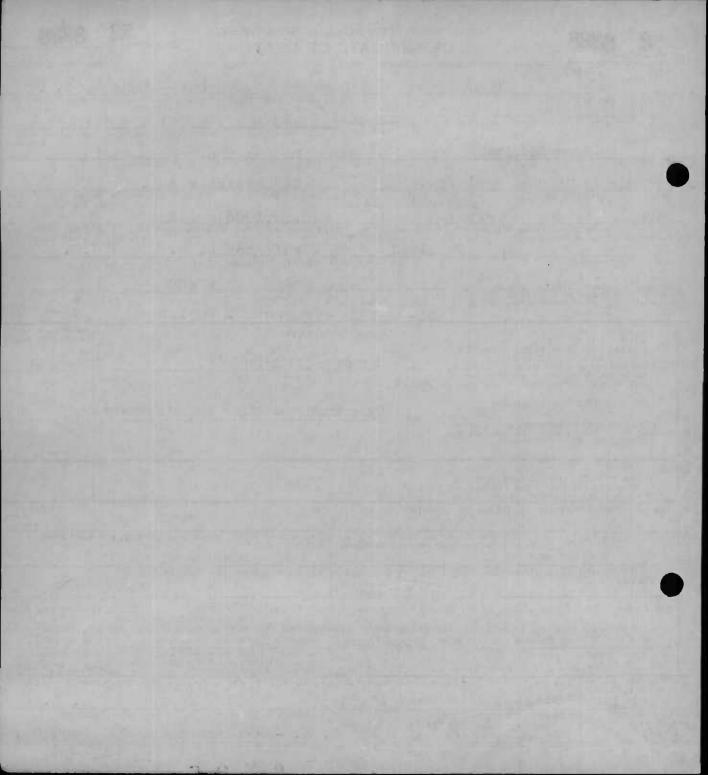


BALTIMORE CITY HEALTH DEPARTMENT 8328 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE RITCHIE TAYLOR DEATH September 8, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Mercy Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 12Yrs. ength of stay in Baltimore Davs 646 Register Ave. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9, AGE (In years | | Under | Year | | Under 24 Hours | In Under 24 Hours | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White Jan.19.1903 Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Chemica! Engineer Washington D. C. 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Helen Patterson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO. 401-01-4728 Margaret B. Taylor Same INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary occlusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXCXXX ANTECEDENT CAUSES Hypertensive cardiovascular disease RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 YES X (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout home, farm, factory, street, office bldg., ctc.) INJURY OCCUR? UTING CAUSE CF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\supseteq \), undetermined \(\supseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Sept. 8. MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 9-11-52 Fort Lincoln Burial Washington DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

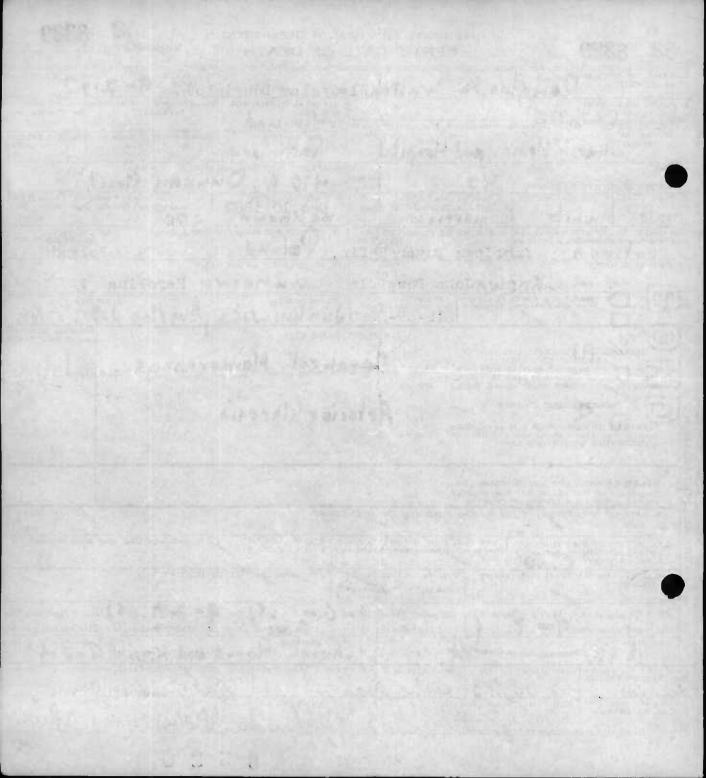
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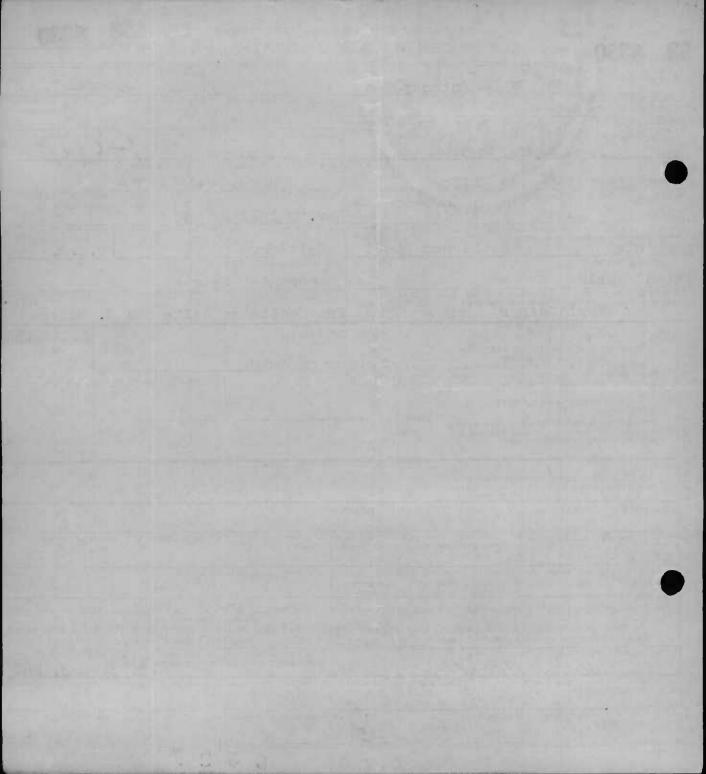


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2	40	BALTIM	ORE CITY HEA	LTH DEPARTMENT	52	8329
ВІ	52 8329 RTH NO.	CE	RTIFICATE	OF DEATH	Registered N	0
	NAME OF DECEASED BY MAN PRINTED BY M	alas Mr 2	Valterwie	dyslaw Dowgie	2. DATE 10 OF 10 PEATH 9-	2,52
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (WA. STATE		nstitution: residence before admission)
H	OSPITAL OR	ospital or Institution, gi	loontion\ -	c. C Y OF TOWN (If	outside corporate limits	s, write BURAL and give
IN	STITUTION Church Flo	ime and H	ospital	Whitemera	6.	-03 township
G.	Hength of stay in Baltimor	. 45	Yrs, Mos. Days	D. STREET ADDRESS (If	rural, give location)	set
=	SEX 6. COLOR OR RA	CE 7. SINGLE, MA	RRIED, IVORCED (Specify)	Deg 10 1880	9. AGE (in years last birthday) Mo	Under 1 Year H Under 24 Hours Min.
10	A. USUAL. OCCUPATION (Give kind of the doming sport of working life, even if ret	indeff 108, KIND OF I		11. B HPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY
	relived		uger Refin			Polend
13	. FATHER'S NAME	Afthe John	Dowgielo	14. MOTHER'S MAIDEN N	W Karoling	2
	. WAS DECEASED EVER IN U. S. Al	RMED FORCES? 16.		7. INFORMANT		DDRESS
`			2-09-5980	Jan Kuiwicz	, Mn Mary 2	19 h. Collines
	18. 331X		CAUSE O	F DEATH	,	ONSET AND DEAT
	DISEASE OR CONDITION LEADING TO DE (This does not mean the mo	DEATH	Less	bral House	ichane	I day
	heart failure, asthenia, etc. It injury or complication which	means the disease,	DUE TO	m. Ami a m. h.n.h. h.		
	ANTECEDENT C	AUSES	4 1.	· dela		•
Z	DISEASES OR CONDITION		(B) (C. Y. O. Y.	ing Klarosis	••••••	
ATION	UNDERLYING CONDITION		DUE TO			
FIC			(6)			
ERTI	OTHER SIGNIFICANT CO					
CE	TRIBUTING TO THE DEATH, I	TION CAUSING IT.				_
AL	19A. DATE OF OPERATION	198, MAJOR FINI	DINGS OF OPERA	TION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTION CAUSE OF DEATH	1 1 11 1	OF INJURY (e. g., in o ctory, street, office bldg., etc.		in Baltimore City, g	rive exact location)
Σ	D. TIME (Month) (Day) (Y	ear) (Hour) 21E. 1	NJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
h		m. WHILE				
	22. I hereby certify that I					that I last saw th
n	deceased alive on	, 19 and	hat death occurre	ed at 2 Dem., from to	he causes and on th	e date stated above
	456	-W	M. D. 6	hurch Home	and Hospilal	9-7.52
TIC	A. BURIAL, CREMA- 248, DATON, REMOVAL Specify	TE 24c.1	NAME OF CEMETERY	Y OR CREMATORY 24D. L	OCATION (City town,	or county) (State)
4	ATE RECEIVED BY REGISTR	AR'S SIGNATURE	my Rosa	MUNERAL DIRECTOR	Mamare	ADDRESS A
	CAL REGISTRAR	tington With	acus Mis	John h.	Debes 40	1.1. Chester
-	VS 150 00	Ü	1- (1		AT-
			5904	9 0 6 3	2 6	- 24



BALTIMORE CITY HEALTH DEPARTMENT

-	DOUGH HTENE			CERTIFICAT	E OF DEATH	Registered	110.
-	I. NAME OF DECEA		TV Am	+bCATKA		2. DATE OF Co.	tamban 7 1055
1	3. FLACE OF DEATH A. Baltimore City,	H:	PIV WU	thonyCALKA	4. USUAL RESIDEN	CE (Where deceased lived.	
-	B. FULL NAME OF HOSPITAL OR		al or instituti	on, give street address of location	Maryl		before admission
	INSTITUTION Joł	nns Hopkins	s Hospi		Balti		hits, write RURAL and give
1	ength of stay i	in Poltimana	TAR	Yrs. Mos.		S (If rural, give location)	1
-		OLOR OR RACE	7. SINGLE	Days MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
-	Male V	White	Marr		Nov. 20 1911	40	Months Days Hours Min.
W	ork done during most of work	ing life, even if retired)	Bethle	INDUSTRY	Baltimore	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME			MILLIM	14. MOTHER'S MAID	EN NAME	U. S. A.
	ntoni Cal				Febronia	Nalenc	
(15. WAS DECEASED EV	ER IN U. S. ARMED yes, giva war or dates rld War	FORCES?	16. SOCIAL SECURITY NO. 21.3-07-5906	17. INFORMANT	ce Calka 821	S. Milton
ERTIFICATION	(This does not heart failure, as injury or comp	R CONDITION INDING TO DEAT mean the mode of thenia, etc. It mean illeation which expenditudes to the condition of the conditi	H f dying, e.g., ss the disease used death. ES ANY, GIVING STATING THI ET. TIONS CON- HOT RELATED	(A) Coron	OF DEATH ary occlusion		INTERVAL BETWEEN ONSET AND DEATH
1	19A. DATE OF OP			FINDINGS OF OPER	ATION		20. AUTOPSY?
FDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- E OF DEATH.		CE OF INJURY (e. g., i rm,factory,street,office bldg.,		(If in Baltimore City,	YES X NO give exact location)
Σ	ID. TIME (Month	1) (Day) (Year) (W	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK	21F. HOW DID IN	JURY OCCUR?	
	the cvidence	e obtained by s	aid Auton	emains described a esy, Inspection or I om: natural causes	nquiry, find that so	opsy, Inspection or Inquiry and deceased died on ticide , homicide , CAL EXAMINER	he day stated above
-	44A. BURIAL, CREMA	1 248, DATE	pour		D. MEDICAL INVEST	CAL EXAMINER	Sept. 8, 1952
	ION, REMOVAL (Specify			4c Chame of CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, town	n, or county) (State)
E	OCAL REGISTRAR	REGISTRAR'S	where 10	Holy Kose	25. FUNERAL DIRECT	Baltimare	ADDRESS ADDRESS
-	/ 5 151	0	1	F9 431	A 108	3 2 7	V COTABLE DA



BALTIMORE CITY HEALTH DEPARTMENT

52 8331

JA	OGGT	BALTIMORE CITT HEALTH DEFARIMEN
IRTH NO		CERTIFICATE OF DEATH

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No)
1. NAME OF DECEASED (Type or Print) RATHERING	FBAICE	= 2 -	2. DATE OF DEATH	8-52
a. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V		nstitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution institution)	tion, give street address or location)	c. CITY OR TOWN (III) Baltemore	outside corporate limits,	write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Pays	D. STREET ADDRESS (If	rural, give location)	St.
5. SEX 6. COLOR OR RACE 7. SINGLE WIDOV	E MARRIED) VED, DIVORCED (Specify)	MARCH 7 1914.	9. AGE (In years lift last birthday) Mon	nder I Year If Under 24 Hours this Days Hours Min.
work done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	Sway le C	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Footo.	14. MOTHER'S MAIDEN N	LINNOW!	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Below 110	DRESS A WHELEST
18. 204.4 DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se,	cerebral her	nur hazir	1 clay
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST.	(B) Q Leu NG OUE TO	heni luh	enies -	.6 mo -
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE OEATH, BUT NOT RELAT TO THE OISEASE OR CONDITION CAUSING	ŁD .			
19A, DATE OF OPERATION 19B, MAJOR	FINDINGS OF OPER			20. AUTOPSY?
	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		f in Baltimore City, gi	ve exact location)
TIME (Month) (Day) (Year) (Hour) NJURY m.	21E. INJURY OCCURRE WHILE AT NOT WHILE [21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the		2-52, 19_, to 5		that I last saw the
deceased alive on 5-1-52, 19, 23A. SIGNATURE		3B. ADDRESS	he causes and on the	23c. DATE SIGNED
Luna (Specify) 9/11/52	110 Civet	RY OR CREMATORY 240. L	OCATION (City, town, o	
DATE RECEIVED BY REGISTRAR'S SIGNATION TO THE PROPERTY OF THE	Williams, My	25. FUNERAL DIRECTOR	an Alen	Ho dens

3 2 0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	8332
and No	

Registered No

_							
1. I	pe or Print)		OHN	GERSTMY	ER	2. DATE OF DEATH SEPT.	8. 1952
	Baltimore	EATH: City, Maryland			4. USUAL RESIDENCE (
B. F	ULL NAME		ospital or institu	tion, give street address of location			
INS	TITUTION	2716	Bauernw	ood Avenue	Baltimor	f outside corporate limits,	o township)
				Yrs.	D. STREET ADDRESS (II	rural, give location)	-/-
	***************************************	stay in Baltimor		Mos. Days	11	nwood Avenu	
	male	white	WIDOV	E, MARRIED, VED, DIVORCED (Specify Widowed	Sept 16, 1872	last birthday) Mon	ths Days Hours Min.
10A vork d	loneduring most BOO	CUPATION (Give ki of working life, even if ret KKEEPER	nd of 10B, KINI	O OF BUSINESS OR INDUSTRY	Baltimore, Mar		2. CITIZEN OF WHAT COUNTRY?
	FATHER'S				14. MOTHER'S MAIDEN N	AME	
		erstmyer			Margaret ?		
Yes,	no or unknown)	ED EVER IN U.S. AF	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	Miss Anna M. C		DRESS WOOD 16 Bauerne
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Cardio Dialatin (B) Cardio Dialatin (B) Cardio Dialatin (C) (C)						
0 -	TO THE D	F OPERATION	ION CAUSING	FINDINGS OF OPE	RATION		20. AUTOPSY?
ZA.		9					YES NO
4EDIC	LYING OF	ENT WAS UNDER R CONTRIBUTING DEATH	21B. PL. about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baltimore City, giv	e exact location)
	TIME	(Month) (Day) (Y		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
	22. I herel deceased a	live on Opter	attended the	deceased from Mand that death occu	ay 9, 1950, to Street at 205 m., from to		
		alter	Oliver	Vera M. D.	2200 Mays	elsahe	9-8-52
	Buria. Buria.	9/1	1/52	24c. NAME OF CEMETE	vien of	Dallimure	(State)
	AL REGIST	RAR	tington	Villiams MT	20. HUNE AL DIRECTOR	ck, 5305 Har	rford "oad.
	VS 150		0 1	9 5 2 0			

Dr. A. Eisenberg

2716 Bauerawood Av. rus

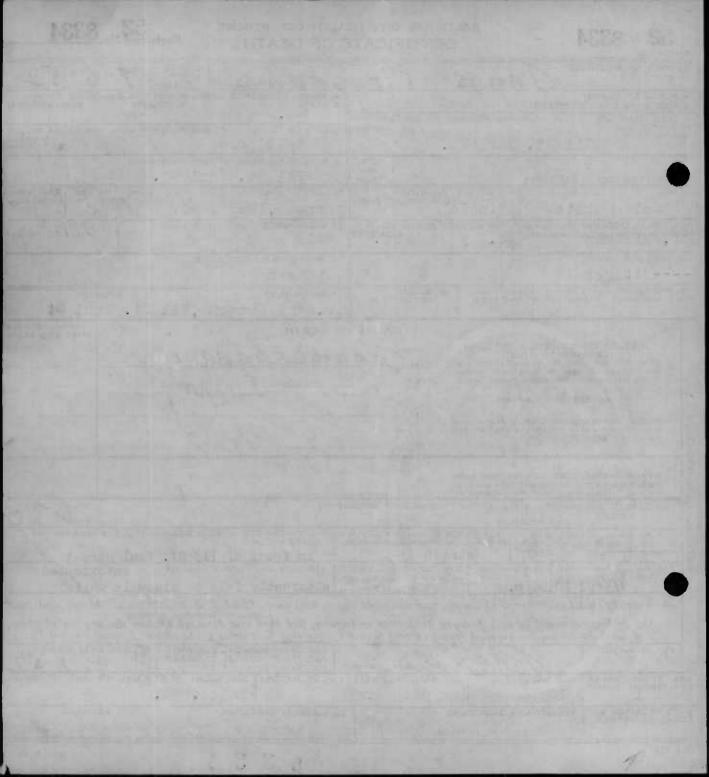
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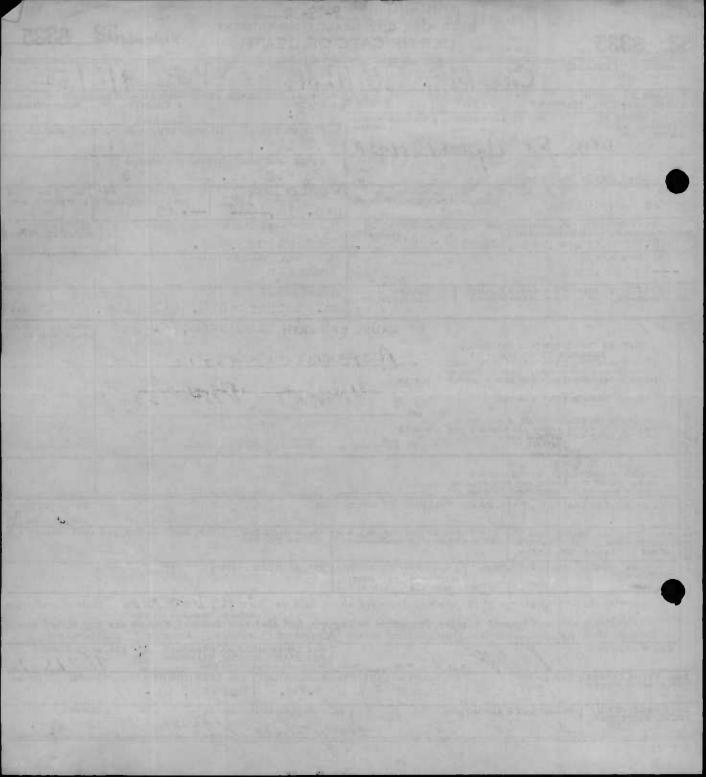
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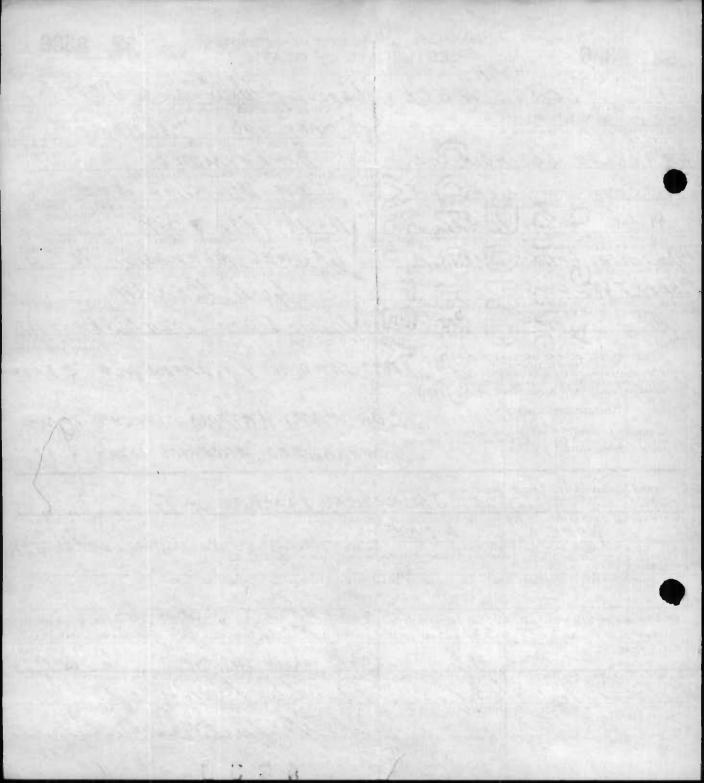
bnatyon , or alle si

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 8334 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION St. Paul St. Baltimore D. STREET ADDRESS (If rural, give location) Mos. 711 St. Paul "t. ength of stay in Baltimore Days 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Single Male White June 9,1885 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired d. Dry Dock INDUSTRY WHAT COUNTRY? Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ----Fitzgerald Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. rs.Kent Hammond .711 St. Paul St 03.5 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RANIO CEREBRAL (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. street in front of 713 St. Paul Street 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY apparently fell to sidewalk while AT WORK L 22. I certify that I took charge of the remains described above, held an thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased deed on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homfeide , undetermined . 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) BULLAT 240. LOCATION (City, town, or county) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY lew Cathedral Balto. Ld. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR 151-



+:	30	CERTIFI	CATE	CORRE	CTED	9-19-52 EALTH DEPARTMEN	IT X	FO	0000
5	2 _{IRTH N} 8335			CERT	IFICAT	E OF DEATH	Registe	ered N6=	8335
	NAME OF DECEA	SED C	tarle	S L.	Wil	Ihide Sr	2. DATE OF DEATH	9/6	152
A.	Baltimore City,	: Maryland				4. USUAL RESIDENCE	(Where deceased li		tution : residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	('f not in hospit			eet address or location)	c. CITY OR TOWN	(If outside corporat	te limits, wr	rite RURAL and give
1	Doi	4-57	Agn	67	HOSP Yrs.	Balto.	(If rural, give locat	ion)	township)
	ength of stay i) yrs	Mos. Days	23 4th Ave			
	Male Wh	ite	Mayippy	E. MARRIEI	D. CED (Specify)	Dec. 15,1884	9. AGE (In ye last birthda	ars Munder	Days Hours Min.
#OT	A. USUAL OCCUPA	ng life, even If retired)	108. KINI	OF BUSIN	NESS OR INDUSTRY	11. BIRTHPLACE (State of			CITIZEN OF WHAT COUNTRY?
13	Ret.Bookke		Ameri		N. R.	14. MOTHER'S MAIDEN			
	Willhid . WAS DECEASED EVE		FORCES?	1 16. SOCI	Al	Unknown			
(Ye	s, no or unknown) (If	yes, give war or date	of service)		RITY NO. 1	rs. Katherin	e E. Will	hide,	23 4th Av
ERTIFICATION	(This does not heart failure, ast injury or comp ANTE DISEASES OR RISE TO THE AB	R CONDITION DING TO DEA' mean the mode of henia, etc. It mes lication which of CCEDENT CAUS CONDITIONS, 1 OVE CAUSE (A) CONDITION LA	TH of dying, e. ns the disea: caused death EES F ANY, GIVII STATING TI	g., (A) se, h.) DUE T	ARTI H	SRIOSCIER SART D	071C	••••	ONSET AND DEATH
ERTI	TRIBUTING TO T	FICANT CONDI HE DEATH, BUT OR CONDITION	NOT RELATI	ED	• •				
L	19A. DATE OF OP	ERATION 1	9B. MAJOR	FINDINGS	OF OPER	ATION			20. AUTOPSY?
EDICA	21A. EXTERNAL CUNDERLYING [] UTING [] CAUSE	OR CONTRIB.	218. PLA about home,	ACE OF INJ	URY (e. g., in reet, office bldg., e	or 21c. WHERE DID	(If in Baltlmore	City, give e	
ME	21D. TIME (Month OF INJURY) (Day) (Year)	, ,	21E. INJUR	Y OCCURRE	21F. HOW DID INJU	RY OCCUR?	507	
h	2. I certify the	at I took ehar	ne of the	remaine d	leserihed a	bove, held an I	s pect /u	N_ th	creon and from
	the cvidence	obtained by	said Auto	psy, Insperion: nati	ection or I	Autops nguiry, find that said Laccident [], suicie	deccased died declared le	on the do	y stated above,
	23A. SIGNATURE	13	M	ale		23B. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	L EXAMINER		ATE SIGNED
24 TIO	A. BURIAL. CREMA IN REMOVAL (Specify	9/10/5			OF CEMETER	RY OR CREMATORY 24D.	csey, Ld.	town, of co	ounty) (State)
DA	TE RECEIVED BY	REGISTRAR'S	s SIGNATU	VIII:	A- 15-	arry H. Link	4101 Da		on Avel
V	S 151	,	2 5	5 2 9	310,6K	-0			V



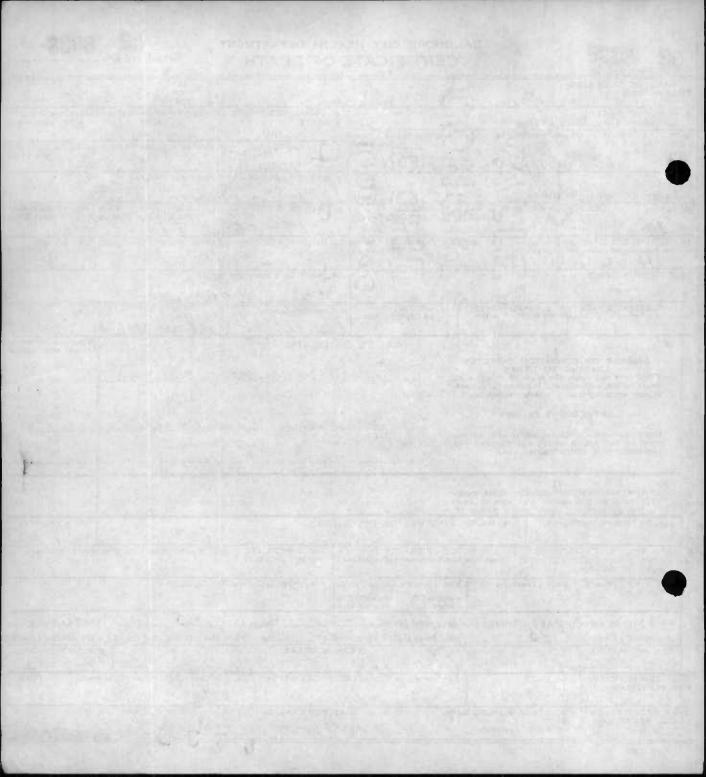


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8338 Registered No.

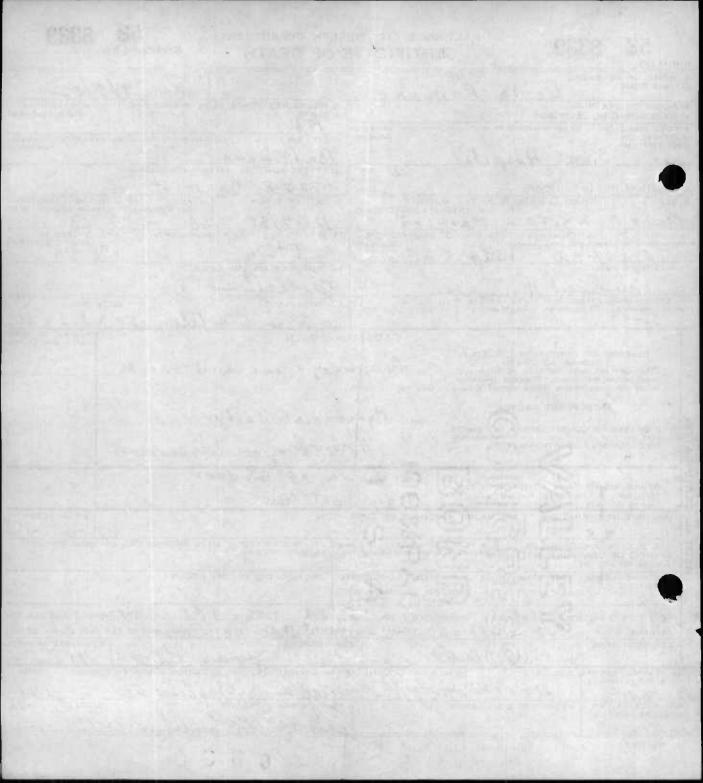
BIRTH NO.	L OI BLATTI						
1. NAME OF DECEASED (Type or Print)	2. DATE OF 9-5-52						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address of location Institution)	C_CITY OR TOWN (If outside corporate limits, write RURAL and give						
1016n. Vilmore it	D. STREET ADDRESS ((If rural, give location)						
c. Length of stay in Baltimore Act, Mos.	1101100 4.1						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years fl Under 1 feet fl Under 24 hours Months Days Hours Min.						
10A. USUAL OCCUPATION (Givekind of Mork done during most of working life, even if retired) HOWLE WAS A CONTROL OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Katil Harrison						
(Yes, no or nnknown) (If yes, give war or dates of service) 16, SOCIAL SECURITY NO.	Elineabeth Gaskins 1016 n. Silment						
18. 443X CAUSE							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ho-vascular accident						
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	estenning Cardio vorender Disers						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)							
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?						
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Shout home, farm, factory, street, office hidg.	in or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
5. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WOR							
22. I hereby certify that I attended the deccased from 8-26-, 1952, to 9-5-, 1952, that I last saw th							
deceased alive on 9-4-, 19 2 and that death occu	rred at 10:55Pm., from the causes and on the date stated above.						
Thomas Doblids . M. D.	103 (w). Laborett due. 9-9-52						
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) 9-9-52 24C. NAME OF CEMETI 24C. NAME OF CEMETI	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Turtington Williams, M.J.	Toral D. Less Filest meny						
VO 1EO							



P-552	50	
59 8330	SEALTH DEPARTMENT 52	0000
CERTIFICAT	TE OF DEATH Registered N	10
NAME OF DECEASED Type or Print)	2. DATE OF	/0/r.
PLACE OF DEATH: Louis Rain on C	DEATH 4. USUAL RESIDENCE (Where deceased lived, If	institution: residence
Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	A. STATE B. COUNTY	before admission)
HOSPITAL OR location		
Sinai Hospital	Baltimore	township)
Yrs. Mos.		0-01
Days S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		Under 1 Year If Under 24 Hours
MIDOWED, DIVORCED (Specify	y) last birthday) Mo	nths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
AR HT 9. R Sill from Course of Novelle	Italy	12. S.A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ray Pueld Ramone	Collella ?	
5. WAS DECRASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	DDRESS
18. // ") < CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	OF BEATR	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	nary edoma and shock	
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO		H LOT WHE
ANTECEDENT CAUSES M		
DISEASES OR CONDITIONS, IF ANY, GIVING	cardial Failure	******
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	noncherchie (may min	
(C)		
OTHER SIGNIFICANT CONDITIONS CON-	ma of Bludder	
TRIBUTING TO THE DEATH BUT NOT BELATED	tinal Mass	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (6.8.	in or 21c. WHERE DID (If in Baltimore City, g	rive exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		
P. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR		
m. WHILE AT NOT WHILE AT WORK		
		that I last saw the
deceased alive on 1/2, 1952 and that death occur	urred at 3:10 Am., from the causes and on th	ne date stated above.
Trap miller M.D.	Jeran Horp	9/8/52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town.	or county) (State)

25 FUNERAL DIRECTOR ADDRESS 2 Amer W. Conklin 924 E. Eager DATE RECEIVED BY LOCAL REGISTRAR Vs 15052

REGISTRAR'S SIGNATURE



CERTIFICATE OF DEATH

52 8340
Registered No.

ВІ	RTH NO.			OLIVIII IOM	E OI DEMIII			
1. NAME OF DECEASED (Type or Print) Clyde Floyd Combs						2. DATE OF Sept. 8 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 16 S. Exeter St. B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION					4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE MU B. COUNTY before admission) Md.			
via.	SEX 1e	6. COLOR OR RACE	Mar	MARRIED. ED, DIVORCED (Specify) ried	Feb. 14 1888	64	if Under i Yeat onths Days Hours Min.	
ork	Police	CCUPATION (Give kind of of working life, even if retired)	City D	of Business or INDUSTRY	Kentucky		U.S.A.	
J	ack Comb	S			14. MOTHER'S MAIDEN N. Rachel Combs	AME		
Yes	NO CEASING NO CEASING NO CE UN NO CE UN NO CE UN NO CE UN NO CEASING NO CEASI	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL 404=30=9113	Mrs Clydev Combs]		St.	
	DISEA:	INTERVAL BETWEEN ONSET AND DEATH						
CO	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO C) Julyonary Carring Larring Larr						Zwks	
FICAL	UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TI	(C)	monary Car	unoma	۲.	
בור	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	N. ED				
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						YES NO NO	
MEDI	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK 1							
	22. I hereby certify that I attended the deceased from 13 from 1954 to Jep, 1954 that I last saw the deceased alive on 25 and that death occurred at 130 fm., from the causes and on the date stated above							
21	23A. SIGNA	Mill	a Mu	М. р.	238. ADDRESS E. fays 2214 E. fays	CATION (City, town	g Sep 52	
TIC	N. REMOVAL (Surial	Sept 11	1952	Williams Cem.	Ashland Ky. Ashl	Land Kentuck		
YS	9 REGIST	RAR Funtings	- IN/1	liacus, No.	15. FUNERA DIRECTOR	wel Balto		
	VS 150	0			0 3			

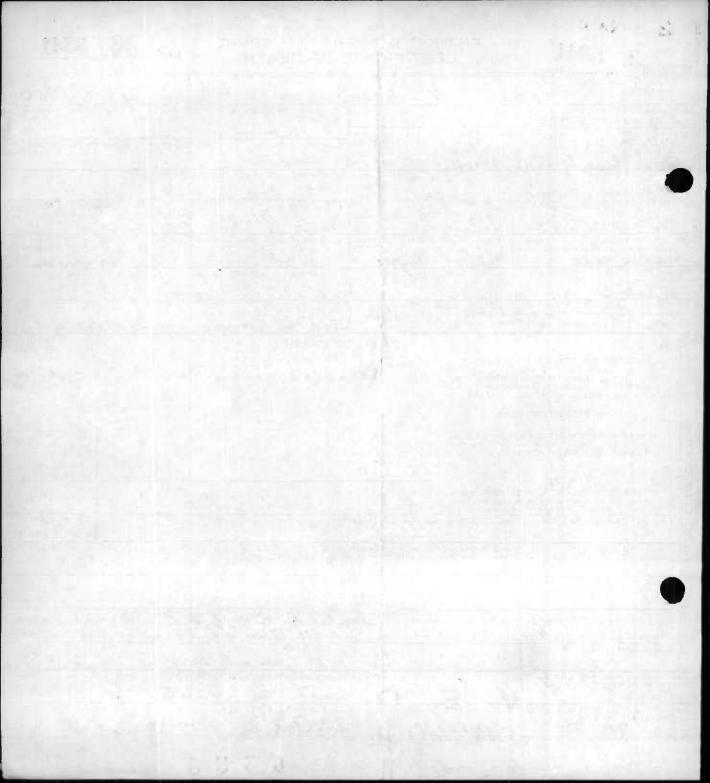
HE 30 SC YEARD TRY DESCRIPTION Iron Della Vistage

N-655 BIRTH ND2 8341

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8341

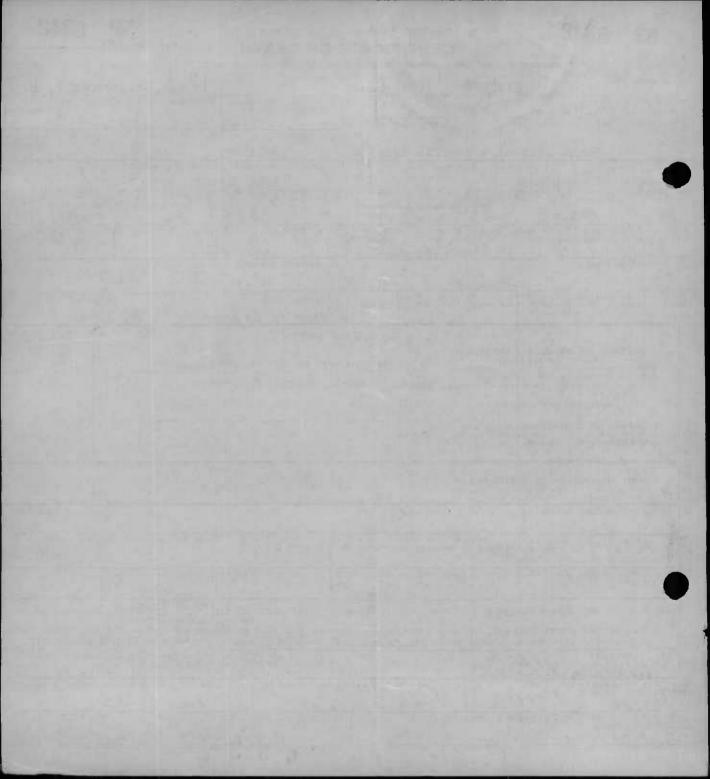
	NAME OF DECE Type or Print)		orge	A No	man		OF DEATH	st 8'1	952
	Baltimore City	H:	Je			L RESIDENCE (W		If institution:	
В.	FULL NAME OF OSPITAL OR		tal or institution	, give street addre		na.			
	NSTITUTION	e General	1 Hones		c. CITY C	el face	outside corporate li	mits, write RUI	township)
	- The trapellar	- January	- Mary		rs. D. STREE	T ADDRESS (lf r	ural, give location	1 4 2	
	Length of stay		l	fe D	os. 902	Cather	est.	11-0	1 2
5	m . 6.0	COLOR OF RACE		D, DIVORCED (Sp	8. DATE (121886	9. AGE (In years last birthday)	Months Days	Hours Min.
10	DA. USUAL OCCUP	PATION (Give kind o	108. KIND	F BUSINESS OF		PLACE (State or for	reign country)	12. CITIZE	N OF COUNTRY
	Jalesm	au	Meta	l digns		nd.		Bru	COUNTRY
14	3. FATHER'S NAM	E		(M/ 14. MOTH	ER'S MAIDEN NA	ME		
		VER IN U.S. ARME	D FORCES?	16. SOCIAL	17 INFO	MANT LU	000	ADDRESS	
(Ye	M.o	If yes, give war or dat	es of service)	SECURITY N	Fredik	L. Mrane	× 319 2	as Kitok	Rd.
ī	18. 33/7	4		CAUS	E OF DEAT	ГН	20 / 02	INTERV	AL BETWEEN
		OR CONDITION				0		ONSET	AND DEATH
	(This does not	ADING TO DE	of dying, e.g.,	(A)	erebra	l hemo	irhage		2/ day
		asthenia, etc. It me application which		DUE TO					
-	ANTECEDENT CAUSES								
ON	DISEASES OR CONDITIONS, IF ANY, GIVING								********************
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
FIG				(C)		***************************************			
RT	OTHER SIGNIFICANT CONDITIONS CON-								
CE	TO THE DISEA	SE OR CONDITIO	N CAUSING IT.						
7	19A. DATE OF C	PERATION	198. MAJOR F	INDINGS OF O	PERATION			Г	UTOPSY?
ICA	21A. ACCIDENT.	, SUICIDE,		E OF INJURY (e		VHERE DID (lf	in Baltimore Cit	y, give exact le	no eation)
EDI	HOMICIDE (Specify)	about home, farr	n,factory,street,office b	ldg.,etc.) INJUF	RY OCCUR?			
2	P. TIME (Mor	nth) (Day) (Year) (Hour) 21	E. INJURY OCCU	RRED 21F. H	OW DID INJURY	OCCUR?		
1	INSORT			ORK NOT W					
	22. I hereby co	ertify that I at	tended the de	eceased from	Jug. 17:	C, 1952, to_	A. 8 , 18	Juhat 1 lo	ist saw the
	deceased alive		_, 195 L, an	d that death o		: 15 Amfrom the	e causes and or		
	23A. SIGNATUR	Si- e	· P	4	23B. ADDRE	Cemal	Hosp.	23c. DA	P (")
2	4A. BURIAL, CREATE ON REMOVAL (Special	24B DATE	24	c. NAME OF CEM		ATORY 240. LC	CATION (City, to	wn, or county)	(State)
11	Burial	9/11	152	Green	Mount	-	Balto. 7	ud.	
DL	ATE RECEIVED B	Y REGISTRAR	'S SIGNATUR	E	25. FUNE	RAL DIRECTOR		ADDRESS	
4	D.9 1952	H-ti	to Wil		40=6	ok Inc. 1	217 St. F.	and V	
15	VS 150	8	rau	ALLIA-, MY	63				
				77	18 3 Zn	8 3 3	0		



5	-/ 52	8342

CERTIFICATE OF DEATH S2 8342 Registered No. BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.			CERTIFICATI	L OF DEATE	1 67		
	NAME OF DEC					2. DATE OF		
			INCENT	SABIN		DEATH	September 7, 1952	
	PLACE OF DEA Baltimore Cit				4. USUAL RESIDEN	NCE (Where deceased I: B. COUN	ived, If institution : residence	
В.			al or instituti	on, give strect address or location)	Maryland			
IN	ISTITUTION				c. CITY OR TOWN		te limits, write RURAL and give township	
		South Baltin	nore Ger	neral Hospital				
				Yrs. Mos.		(If rural, give locat	フノークラン	
-		y in Baltimore		Days		Glyndon Aven		
5,	Male	White		MARRIED.	5/8/18	9. AGE (In you last birthday	ay) Months Days Hours Min.	
10	A. USUAL OCCU	PATION (Give kind of	10s. KIND	OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	3 29	
work	doordgring most of we	orking life, even if retired)	B	INDUSTRY	9,	4. 0	WHAT COUNTRY	
13	. FATHER'S NAI	ME	Out	raeng	14. MOTHER'S MAIL	OFN NAME		
	2		-1.		MOTILLY S MAIL	2.		
15	WAS DECEASED	EVER IN U. S. ARMEI	abruc	16 606141		9.		
(Ye	, ao or uoknowo)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	15 111.0	ADDRESS	
	no		`		Nous M. Sa	bino 1264	Kundou aug	
	18. 443	X		CAUSE	OF DEATH		INTERVAL BETWEEN	
		OR CONDITION					The state of the s	
	(This does no	EADING TO DEA of mean the mode	of dying, e. g		ensive arteri	Losclerotic		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES							
	AN							
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
H	UNDERLYIN	CONTRACTOR OF THE						
ERTIFICATION	(C)							
F		11						
Y.		NIFICANT CONDI					Marine David Land	
		ASE OR CONDITION						
U	19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7	
AL							YES NO X	
EDIC	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR?							
Ä.		onth) (Day) (Year)	(Hour) 12	1E. INJURY OCCURRE	21F. HOW DID I	NUIDY OCCUP?		
	FINJURY	, (200) (2001)	, ,	HILE AT NOT WHILE		NOOK! OCCOR!		
	22. I certify	that I took char	ne of the	emains described a	hove held an Inst	ection & Ing	uiry thereon and from	
					Au	topsy, Inspection or In	nguiry	
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the d and death in my opinion resulted from: natural causes \(\mathbb{P} \), accident \(\mathbb{D} \), suicide \(\mathbb{D} \), homicide \(\mathbb{D} \), unde							
	23A. SIGNATUR	RE . I	1			ICAL EXAMINER	23c. DATE SIGNED	
	Wille	un Una	XXX	M.	D. MEDICAL INVES	DICAL EXAMINER	Sept. 8, 1952	
	A. BURIAL, CRE	16V1 7/	()	4c. NAME OF CEMETE	RY OR GREMATORY :	240. LOCATION (City	, town, or county) (State)	
	Burial	9/10/	52	Itoly Rall	8 6 201 8 17	Balto	Md.	
DA	TE RECEIVED E	Y REGISTRAR	SSIGNATUR	RE	25. FUNERAL DIREC	CTOR	ADDRESS	
LO	CAL REGISTRA	R			Mry Cont O.	a 1219 St	Paul it	
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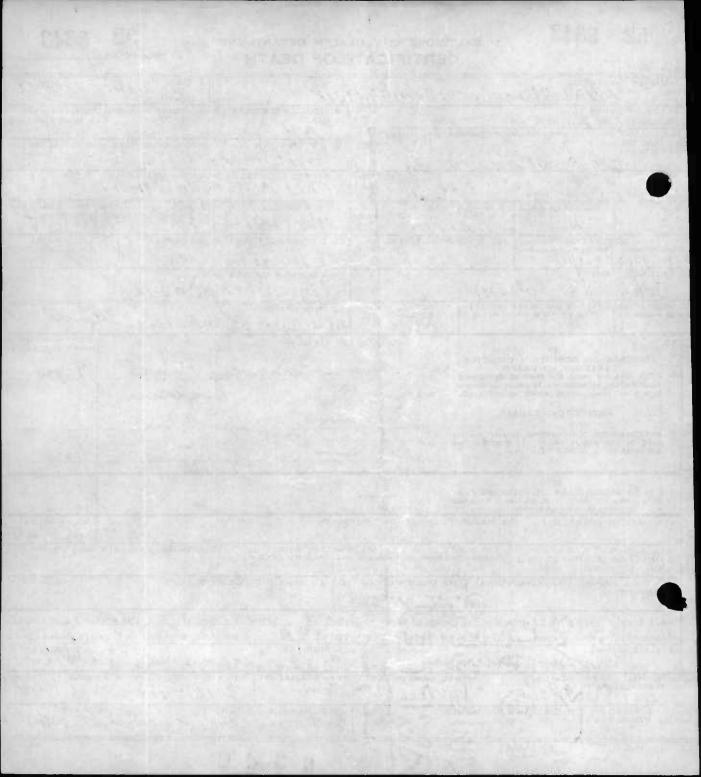


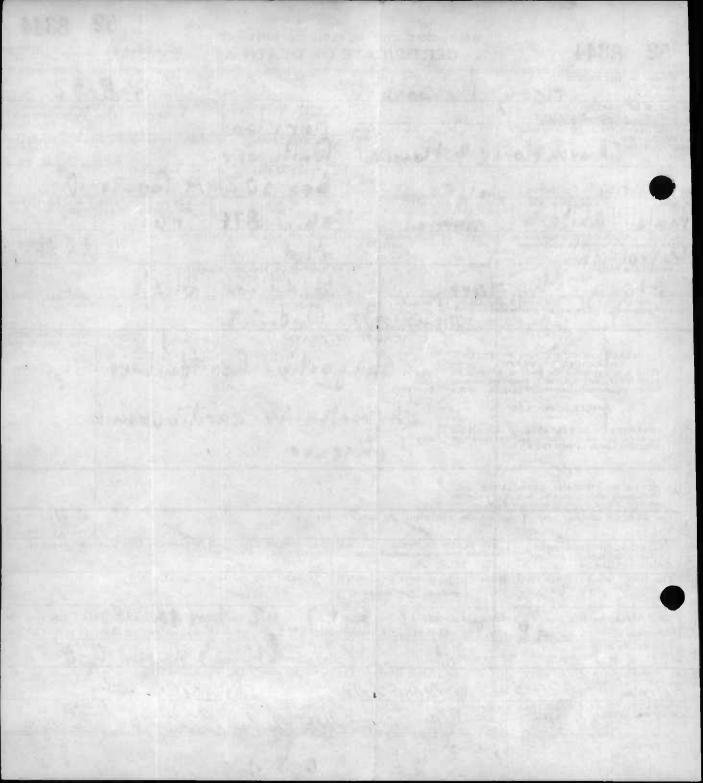
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IRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

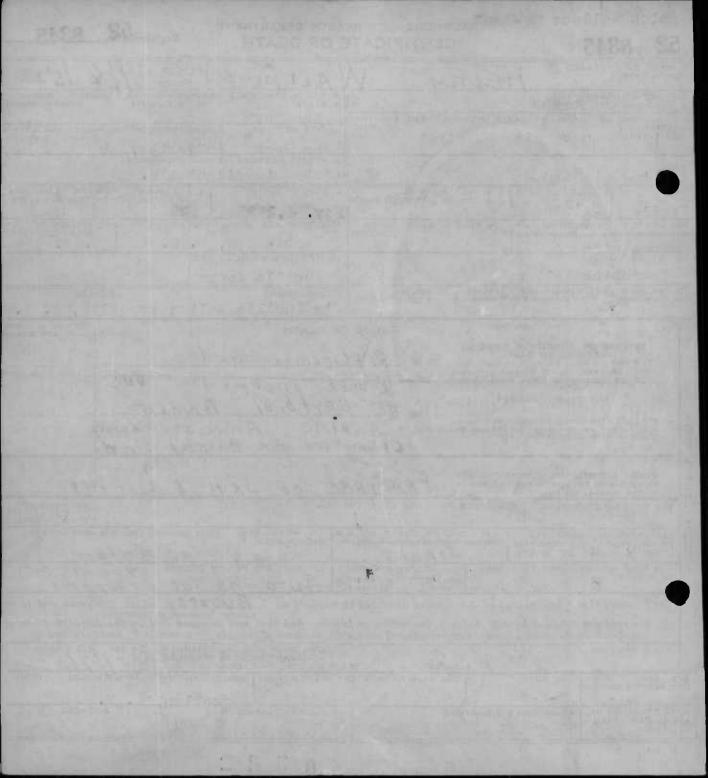
52 8343 Registered No.

IRTH NO.					
NAME OF DECEASE	. 4/	Garmhaus		DEATH /	7.7952
. PLACE OF DEATH: . Baltimore City, M		ion give at rect address	A. USUAL RESIDENCE A. STATE M. d.	E (Where deceased lived, If B. COUNTY	institution: residence before admission)
OSPITAL OR	If not in hospital or instituti	location)	C. CITY OR TOWN		s, write RURAL and give township)
28/	8 Alvards	2 1/4	Baltim	(If rural, give location)	-0/
. Leach of stay in		fe Yrs. Mos. Days	2818 AlV	atado squa	
SEX 6.COL	WIDOW	E. MARRIED. PED, DIVORCED (Specify)	Man 17-18	iast birthday) Mo	It Under 1 Year It Under 24 Hours on the Days Hours Min.
OA. USUAL OCCUPATION OF MORNING WORKING	ife, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	1		14. MOTHER'S MAIDE	EN NAME	
0 - 1	armhausen IN U. S. ARMED FORCES?	L	2/13006)	th Chaney	
es, no or onknown) (If yes	IN U. S. ARMED FORCES?	SECURITY NO.	M. Adajre 6	armhausen.	2126 Md Ave.
(This does not me heart failure, asthe injury or complic ANTEC DISEASES OR CORISE TO THE ABOUNDERLYING COTHER SIGNIFIT TRIBUTING TO THE	CONDITION DIRECTLY NG TO DEATH an the mode of dying, e. g nia, etc. It means the diseas ation which caused death EDENT CAUSES ONDITIONS, IF ANY, GIVIN VE CAUSE (A) STATING THOUSE (A) STATING THOUSE (A) I] CANT CONDITIONS CONE CEATH, BUT NOT RELATE OR CONDITION CAUSING I	(B)	OF DEATH	Ric Hrans Disian	NTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPE	RATION 19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT W LYING OR CONT CAUSE OF DEATH		ACE OF INJURY (c. g., i farm, factory, street, office bldg.,		(If in Baltimore City,	
TIME (Month)	(Day) (Year) (Hour) m.	21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F, HOW DID IN	JURY OCCUR?	
deceased alive on	fy that I attended the	deceased from equand that death occur	rred at 8 A.m., fr	to Supo 7, 195 rom the causes and on t	
23A. SIGNATURE	igr Dawe	M.D.	4808 Ha	rfore Rd.	4 8 SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	9/10/52	Western	Cem.	132/Eirnor &	ricl.
DATE RECEIVED BY	REGISTRAR'S SIGNATU	JRE	UM Cosh	Inc. Baltin	nore. Md.
	1 1/1/2	1 0			

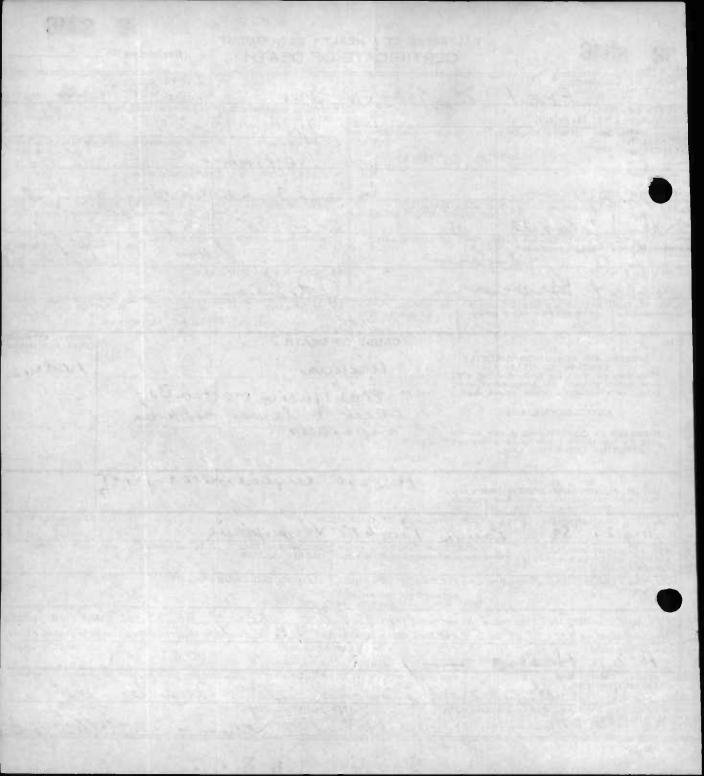




Helen Wallace BALTIMORE CITY HEALTH DEPARTMENT Registered No. 8345 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF ELEN DEATH 4. OSUAL RESIDENCE (Where deceased live) I institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF of not in hospital or institution, give street address or New York HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Wospital New York Brooklyn o. STREET ADDRESS (If rural, give location) Yrs. Mos. Stuvdisant Ave. gth of stay in Baltimore Days 9. AGE (In years | | Under 1 Year | | Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Colored Nov. 6.1923 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) Washington, D. C. U. S. A Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Wallace Lucille Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO M's Lucille Walton Brooklyn, INTERVAL BETWEEN CAUSE OF DEATH 60 X ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho pneumonia ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO CARDIAC RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OPERATION OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION AUTOPSY? (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? NOT WHILE Autocollison-WORK 22. I certify that I took charge of the remains described above, held an _ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident K, suicide [, homicide [, undetermined []. 238. CHIEF MEDICAL EXAMINER...... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER...... 23A. SIGNATURE M.D. MEDICAL INVESTIGATOR. 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24B. DATE 9-9-52 Brooklyn ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE EUNERAL DIRECTOR LOCAL REGISTRAR



24A. BURIAL, CHEMA-TION, REMOVAL (Specify) REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY VS 150



Thomas Saumenig	Ida Hobbs
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECUR	TTY NO. INFORMANT ADDRESS Adelaide Holthaus, dght, above
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Generalijes Carcuio restris 3 yes Greina Interval Between Syria
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	sible Ca of Thyoid -
19A. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPERATION 20. AUTOPSY? YES NO

MEDICAL

210. TIME (Month) (Day) (Year) (Hour)

INJURY NOT WHILE WORK 23B. ADDRESS

21E. INJURY OCCURRED

Parkwood Cem.

218. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

, 19___, that I last saw the 22. I hereby certify that I attended the deceased from_ 19 and that death occurred at the m., from the causes and on the date stated above. deceased alive on 9/6/ 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

25 FUNERAL DIRECTOR Schimunek Funeral Home, Inc. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 2601-3-5 E. Madison St.

Sept.10,1952

Taylor Ave., Balto.Md.

(If in Baltimore City, give exact location)

ADDRESS

Burial

21A. ACCIDENT WAS UNDER-

CAUSE OF DEATH

LYING OR CONTRIBUTING

CONTRACTOR OF THE PARTY OF THE wer become all attitudes SIL Of the Land of the Control of th

Ker, ged Blacksmith - Beth, Steel Corp. U.S.A. (,7-cc K 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shipyout 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) es, no or unknown) SECURITY NO no MT. Wilson HASPITA INTERVAL BETWEEN 420.1 and 260x CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CERTIFICA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING INJURY OCCUR?

about home, ferm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour)

NOT WHILE

22. I hereby certify that I attended the deceased from_ . 1957, and that death occurred at 205 m., from the causes and on the date stated above.

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

21F. HOW DID INJURY OCCUR?

e 20, 19 46 to Sept

23c. DATE SIGNED

Burial DATE RECEIVED BY LOCAL REGISTRAR

CAUSE OF DEATH

deceased alive on_A 23A. SIGNATURE

EDICAL

Sept.11,1952 REGISTRAR'S SIGNATURE

untinglow

Holy Cross Cemetery

23B. ADDRESS

2 D. LOCATION (City, town, or county)

Ritchie Highway, Balto, Md, ADDRESS

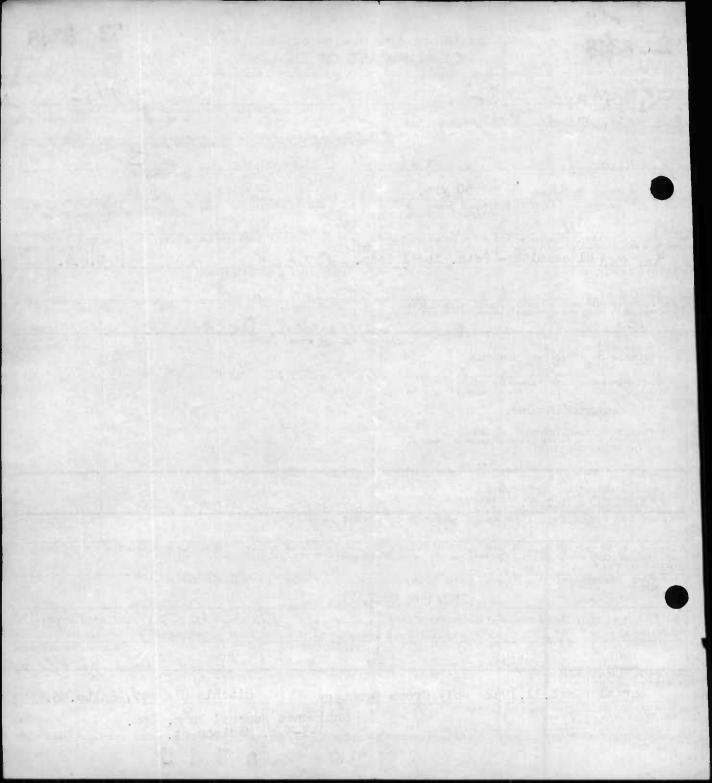
7, 19 Sthat I last saw the

VS 150

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25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.



52 8349 IRTH NO.

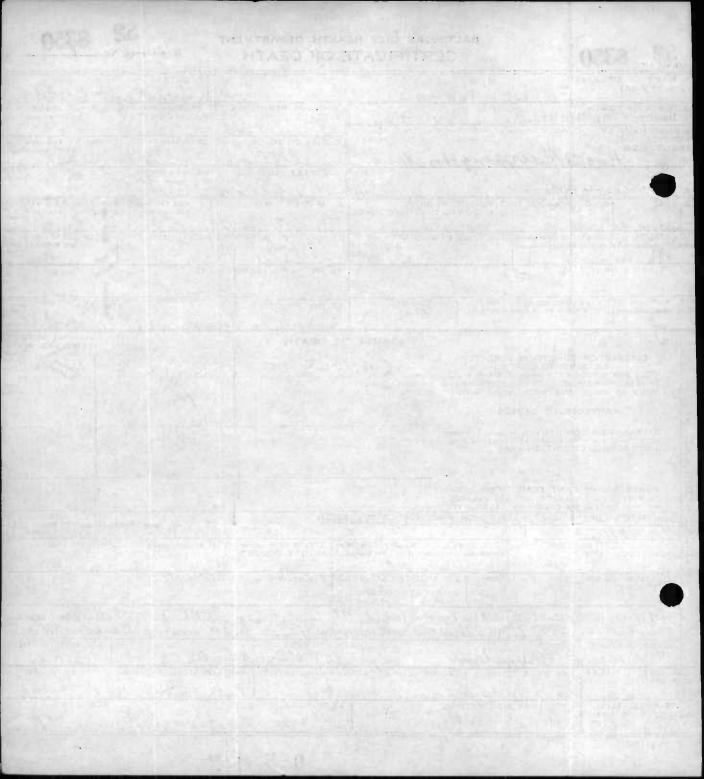
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8349

IRIA NO.						
. NAME OF D Type or Print)	ECEASED MARIA	WOODWA	RD SANFORD		of Sept.	7 , 1952
	City, Maryland			4. USUAL RESIDENCE (V	Vhere deceased lived. If B. COUNTY	institution : residence before admission)
FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or location)		outside cornorate limit	s, write RURAL and give
NSTITUTION	Pine Ridge	Nursin	g Home	Baltimon		township)
44			77.	D. STREET ADDRESS (If		
		~~	Yrs. Mos.			
	tay in Baltimore	50 y	rs. Days		Curley St.	
female	6. COLOR OR RACE	WIDOW	E, MARRIED. PED, DIVORCED (Specify) dowed	8. DATE OF BIRTH Dec. 21, 1878	9. AGE (In years last birthday) Mo	1 Under 1 Year It Under 24 Hours onths Days Hours Min.
	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
rk done during most of working life, even if retired) housewife at home			Middlesex Co. Va		WHAT COUNTRY?	
13. FATHER'S		a. 6 110.	We .	14. MOTHER'S MAIDEN N		0.5.
				14. MOTHER & MAIDER IN		
		nown			unknown	
Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give wer or dete	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
18. 11 50			CAUSE	OF DEATH		INTERVAL BETWEEN
18. 450	SE OR CONDITION	DIRECTIV	CAUSE	OI DEATH		ONSET AND DEATH
DISEAS	LEADING TO DEA	TH	R			1.00
(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e. g	e. (A)			
injury or	complication which o	aused death	.) DUE TD			
	ANTECEDENT CAUS	SES	H		1 0	
			(B)	- Local	antero class	2 22
	S OR CONDITIONS, I			0		
	YING CONDITION LA					
3			(C)		***************************************	
_	П					
	IGNIFICANT CONDI					
	TO THE DEATH, BUT			***************************************		
			FINDINGS OF OPER	RATION		20. AUTOPSY?
4						YES NO
21A ACCIE	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., i		If in Baltimore City,	give exact location)
LYING OF	R CONTRIBUTING DEATH		arm, factory, street, office bldg.,			
F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
INSURT		m.	WHILE AT NOT WHILE			
00 T 1 7	116 12 1 X 1			1049 5	Sa 4 7 105	that I last saw the
22. I nerco	y certify that I att	enaea the	aeceasea from	1949, to	, 100	
deceased a	live on sexts	_, 19_3 &,	and that death occur	rrea at Z Am., from t	ne causes and on t	he date stated above
23 ASIGNA	Land LR	white	м. р.	31 28 Harlin	d Pd	23C, DATE SIGNED
24A. BURIAL,	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	, or county (State)
Burial (S	Sept.10.	1952	Cedar Hill Ce	em. Ritc	hie Hwy., Ba]	Lto.Md.
DATE RECEIVE						
LOCAL REGIST	RAR	1 1	1/11	Schimunek Funer		
	11111 1 1 4	Town V	THE STATE OF THE	2601-3-5 E Mad	ison St.	
VS 150		7	1.4	1000	The State of the S	

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HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, Af institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (washin) Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours! Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? · Ollogners 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. DNSET AND DEATH DISEASE OR CONDITION DIRECTLY CANCER DF LEADING TO DEATH MONTHS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION EDICAL NONE 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT WORK deceased alive on SEPT. 7, 1952 and that death occurred at 45 m. from the causes and 1 last saw the Trances MEDICAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE TION (City, town, or county) 24C. NAME OF CEMETERY 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

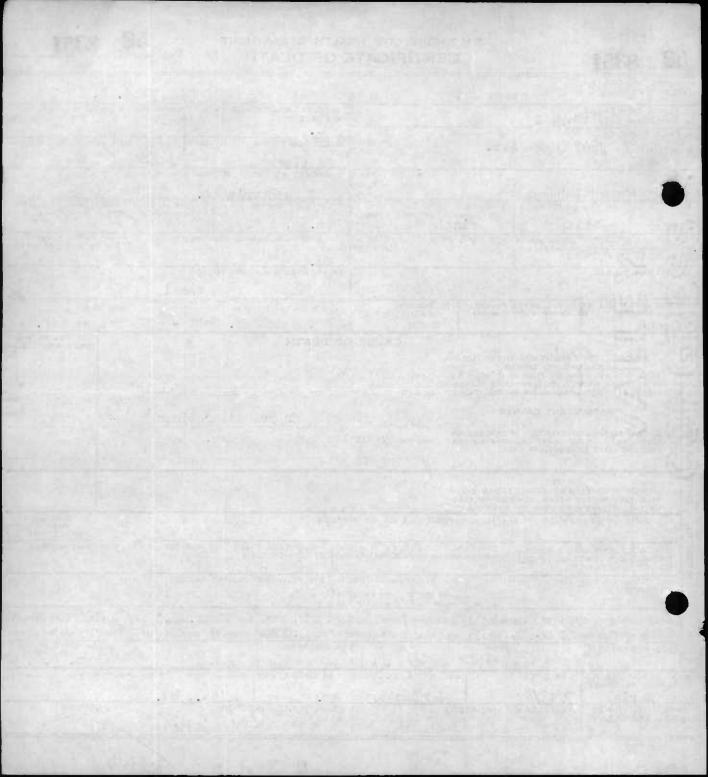


52 No.8351

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8351

BIRTH NO.OUJL		01 1011111		
1. NAME OF DECEASED (Type or Print)		2. DATE 9 1072		
3. PLACE OF DEATH:	TZELL MASON	OF DEATH Sept. 8, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission		
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institute)	tion, give street address or	Md.		
HOSPITAL OR 3807 Beech Ave.	location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
0.20	37.	Baltimore		
c gth of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 613 Reservoir St.		
5. SEX 6. COLOR OR RACE 7. SINGL	E, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If linder 1 Year If linder 24 Hours		
female white si	ngle (Speelfy)	Oct. 6, 1882 last birthday) Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of vork done during most of working life even if retired) Never Worked	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
?		? Bitzell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT ADDRESS		
(Yes, no or nnknown) (If yes, give war or dates of service)	SECURITY NO.	Mr. Donald K. Belt - 5103 Roland Ave.		
	none	Tribute and the second		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.: heart failure, asthenia, etc. It means the diseas injury or complication which caused death	s., (A) Cerebr	al embolism Instant		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVII RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		nsive arteriosclerotic cardio- 1/8/50 lar renal disease.		
OTHER SIGNIFICANT CONDITIONS COI TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED			
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION 20. AUTOPSY?		
= 1 ZIA, ACCIDENT WAS UNDER. 1 410, 1 4	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	a or 21C. WHERE DID (If in Baltimore City, give exact location) to.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	21F. HOW DID INJURY OCCUR?		
m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended the	deceased from Jan	uary 8, , 19 50 to Sept. 8, , 19 52 that I last saw the		
deceased alive on sept. 6, 19 52,	and that death occur	red at 2:00Pm., from the causes and on the date stated above.		
23A. SIGNATURE		38. ADDRESS 23c. DATE SIGNED Sept. 9, 4952		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE			
Burial 9/11/52	Loudon Park	Cem. Balto. Md.		
DATE RECEIVED BY REGISTRAR'S SIGNATI		25. FUNERAL DIRECTOR ADDRESS		
VS 150	Eno	R. A Mad		
	7 K. U	08310 Raly / Ma.		



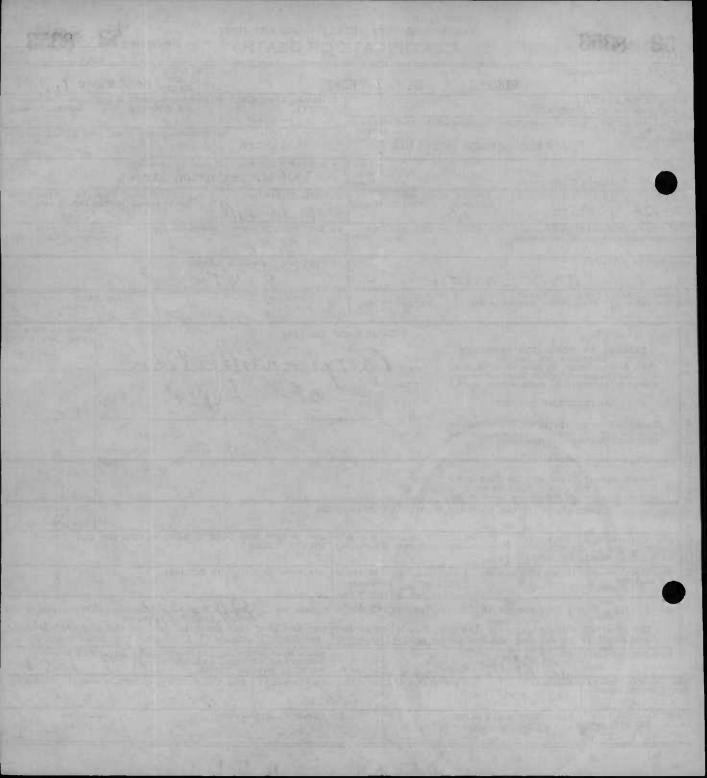
151

BALTIMORE CITY HEALTH DEPARTMENT

Registered No .. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) ICHARI DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (f not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give MOLTHANTION Baltimore D. STREET, ADDRESS (If rural, give location) Mos. 710 Wyndhurst Ave. igth of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Suder | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) Oct. 26, married 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retail Sporting Goods Marvland Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Hampton Zora Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO Mrs. Hildred V. Hampton - 710 Wyndhurst CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE. WORK AT WORK 22. I certify that I took charge of the remains described above, held an Autory Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\subseteq \), accident \(\supseteq \), suicide \(\supseteq \), homicide \(\supseteq \), undetermined \(\supseteq \). 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, breounty) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Parkville, Moreland Mem. Ruria] DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE untryston

Elm J. Telence Y. Long

1	00							
BI	52 8	353			E OF DEATH	NT Registered	52 8353	
	NAME OF D		UNICE	к.	HUFF	2. DATE OF DEATH Sep	tember 7, 1952	
Α.		City, Maryland	-1 1 1		A. STATE	E (Where deceased lived. B. COUNTY	. If institution : residence before admission	
HO	SPITAL OR STITUTION	of of not in hospit Franklin		location		(If outside corporate lin	mits, write RURAL and giv	
c.	gth of s	tay in Baltimore		Yrs. Mos. Days	1306 W. T.e	(If rural, give location) exington Stree		
5. I	Sex Temale	6. COLOR OR RACE White		. MARRIED, ED, DIVORCED (Specifi	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Year If Under 24 Hours Months Days Hours Min.	
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	. FATHER'S	-	SMIT	TH	14. MOTHER'S MAIDE	N NAME		
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT 13ass-Smith	Trueral Hor	ADDRESS Licht ORY	
RTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA' s not mean the mode of the strength of the str	TH of dying, e. g ns the disease eaused death. SES F ANY, GIVIN STATING TH	(B)	of L	liver	ONSET AND DEAT	
ERTIFIC	TRIBUTING	11 SIGNIFICANT CONDI G TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
U				FINDINGS OF OPE	RATION		20. AUTOPSY?	
EDICA	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e.g., rm,factory,street,officebldg		(If in Baltimore City	y, give exact location)	
ME	21D. TIME	(Month) (Day) (Year)	W	HILE AT NOT WHILE WORK		JURY OCCUR?		
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry there the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes , accident , suicide , homicide , undeter as SIGNATURE 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER							
2.4 TIO	A. BURIAL. (S	CREMA- 24B. DATE Specify)	-52. 2		M.D. MEDICAL INVESTI		vn, or county) (State)	
LO	TE RECEIVED	RAR HEGISTRAR	S SIGNATUR	Williams M	25. FUNERAL DIRECTO	of Inc	12/75 Paul	
V	S 151		0	0 5 0 1	1 0 0 5	E 0	1	

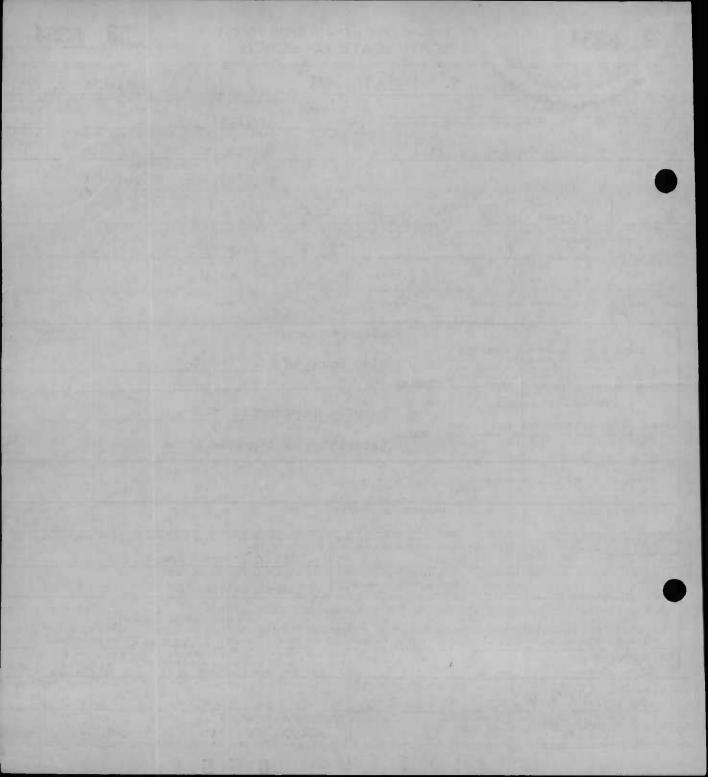


Registered No 8354 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SHORT E. SHAW) JAMES DEATH September 7, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF of not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Franklin Square Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1618 Mulberry Street th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Ast birthday) Months Days Hours Min. If Under 1 Year WIDOWED, DIVORGED (Specify) Male Colored 10A. USUAL OCCUPATION (Givekind of IOB, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during mat of working life, even if retired) INDUSTRY WHAT COUNTRY avorer 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL INFORMANZ ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stab wound of left chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXXXX ANTECEDENT CAUSES Massive hemothorax RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING XXXXXX RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Laceration of thoracic aorta OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? YES X (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 1618 Mulberry Street Home 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT Sept. 5:00 P.m. Sharp instrument WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR Sept. 24A. BURIAL CREMA LACINAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY DEGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR

cillalles-

VS 151 N X 6 1. V

LOCAL REGISTRAR



	A LINE A				
c.	th of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location), 5 22 East 23	140
5.	female 6. COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify)		Under 1 that H Under 24 Hours on the Days
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	0	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME			14. MOTHER'S MAIDEN NAME JULLIVAN	
15 (Yes	. WAS DECEASED EVER IN U.S. ARMEI , no or unknown) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	HOSpital records, Lutheran & Baltim	198598 tal
	18. 416 X DISEASE OR CONDITION	DIRECTLY	CAUSE	OF DEATH	ONSET AND DEAT
	LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	of dying, e. g	e,	pensated dronic rhumatic held	disease one mon
	ANTECEDENT CAUS	SES			
ICATION	DISEASES OR CONDITIONS, 1 RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING TH			
TIFI	11		(C)		
CER	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	D		
AL	19a. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER		YES NO
DIC	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City, 1 etc.) INJURY OCCUR?	give exact location)

21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from September 6 1952 to Sentember 7, 1954 that I last saw the deceased alive on Systember 7, 1952, and that death occurred at

29m., from the causes and on the date stated above. 23A. SIGNATURE (State)

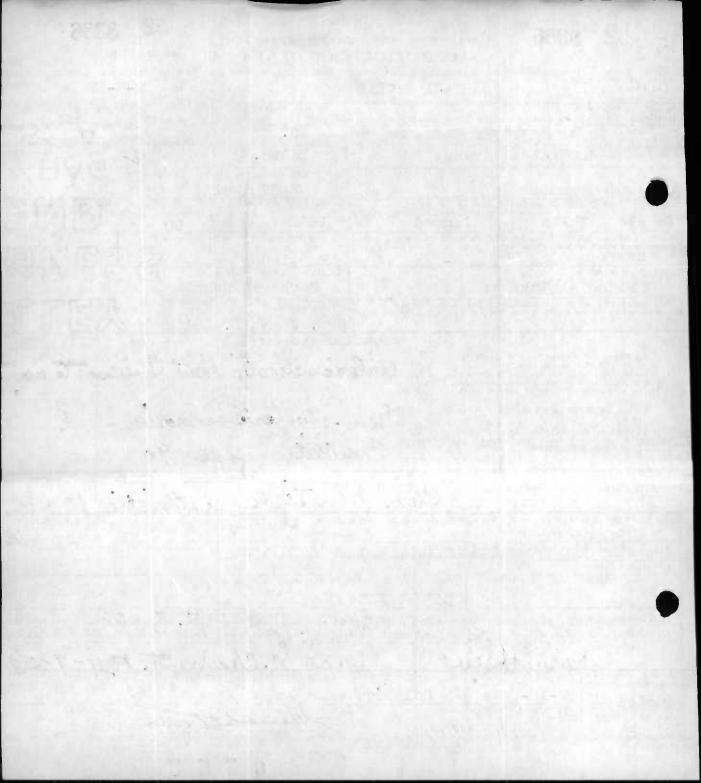
24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE JURIAL ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

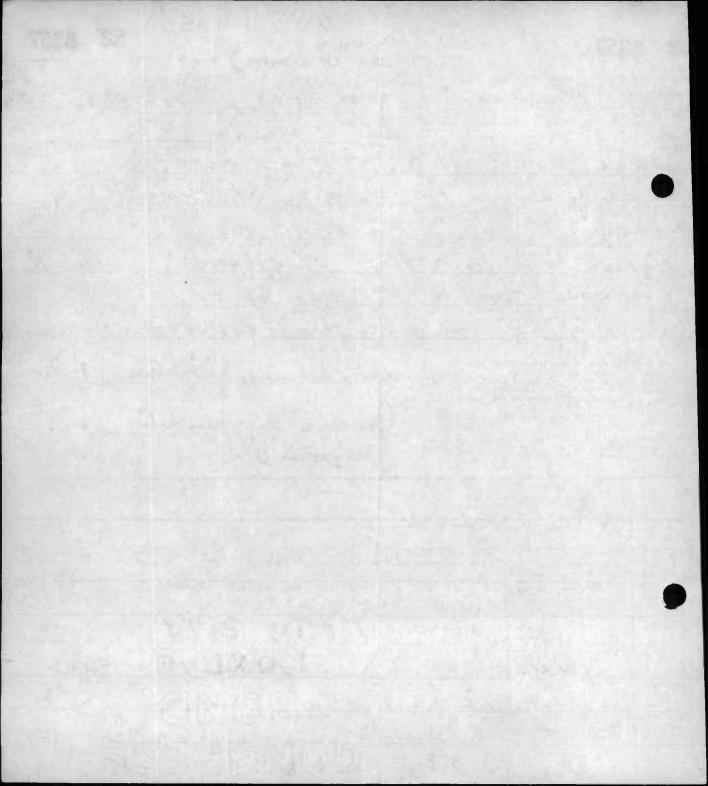
CERT HOLD S OR DEATH.

2 52 8356
RTH NO.
NAME OF DECEASED ype or Print)
PLACE OF DEATH:

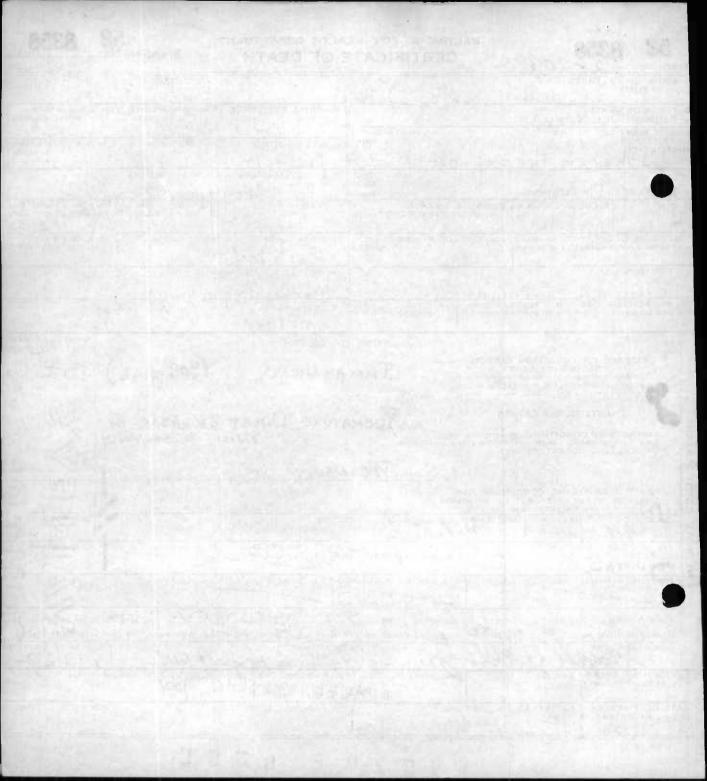
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 9-8-52 BARBARA McGRAW OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or FULL NAME OF Md. OSPITAL OR location (If outside corporate limits, write RUCA, and give c. CITY OR TOWN VSTITUTION township) 3207 Abell Avenue Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3207 Abell Avenue h of stav in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min. female White Nidowed 1862 OA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF ork dooe during most of working life, even if retired) WHAT COUNTRY? INDUSTRY none Maryland 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas Gunther Margaret Hahn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (es, oo or unknown) (If yes, give war or dates of service) SECURITY NO Mrs. James B. Smith INTERVAL BETWEEN 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF **OPERATION** 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK WORK 1957 to Se . 19 that I last saw the 22. I hereby certify that I attended the deceased from. 19.50. and that death desurred at? An., from the causes and on the date stated above. deceased alive on 9. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMATION, REMOVAL (Specify) L24C NAME OF CEMETERY OR CREMATORY 9-10-52 Holv Redeemer DATE RECEIVED BY 25. FUNE REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR



VS 150



355	X
52 8358 BALTIMORE CITY HEALT CERTIFICATE C	2000
1. NAME OF DECEASED (Type or Print) Peitro Daniel Tatman	2. DATE OF DEATH 9/1/5-2
3. PLACE OF DEATH:	JSUAL RESIDENCE (Where deceased lived, if institution; residence B. COUNTY before admission)
HOCELTAL OF	(If outside corporate limits, write RURAL and give township)
c. Beth of stay in Baltimore	7816 Wendover are
male white WIDOWED, DIVORCED (Specify)	ATE OF BIRTH 9. AGE (In years It Under 1 Year Index 24 Hours Min. 13 35
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
15. WAS DECEASED EYER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	mother Sime
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DISEASES OR CONDITION LAST.	RE ONSET UF LABOR IN THIN PRESENANCY
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO	N 20, AUTOPSY?
	NJURY OCCUR? (If in Baltimore City, give exact location)
\$	21F. HOW DID INJURY OCCUR?
deceased alive on 1952, and that death occurred	
rosse will b. M.D. da	thran Horn A had 9.2.52
24A. BURNAL CREMA 24B. DATE TION, REMOVAL (Species)	OCAL SCHOOL SEP 3 1952 (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE SEP 0 1952 Turstington Williams 150	FUNERAL DIRECTOR ADDRESS
VS 150	08355



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	52	0	359			CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered	0,000
	TH NO	OF DE	CEACE				7	2. DATE	
Ту	pe or P	Print)		JEAN	INE	ITE D	OAINE	OF DEATH	-8-52
	Baltim		ity, M	aryland			4. USUAL RESIDENCE	B. COUNTY	before admission)
HO	SPITAL		OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY-OR TOWN	If outside corporate lim	its, write RURAL and give
NS	TITUT	TON4	22	o ster	while	el live	Muttey		township)
c. 1		h of st	av in	Baltimore		Refe Mos. Days	108 Way	f rural, give location)	8+
5/9	SEX			OR OR RACE		E, MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
E	ma	le	00-	Lute		(ED, DIVORCED (Specify)	0	1 2/	Months Days Hours Min.
				ON (Give kind of life, wen if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
4	ou	se	we			INDOGINI	Haltemor	e Ma	THE COUNTRY
13,	FATHI	ER'S N	AME	1/2	11.		14. MOTHER'S MAIDEN I	NAME	
2	ha	rle	U	Gren	it		unnan		
15. Yes,	WAS D	ECEASE	D EVER	IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	1-	ADDRESS
							Travel Hod	me -	Hame
	18.	170	X			CAUSE	OF DEATH		INTERVAL BETWEEN
		ISÉAS		CONDITION NG TO DEA		Conn	· Lew Bu	est	1 M-
	(Th	is does	not me	an the mode onia, etc. It mea	f dying, e. s	E., (A)	June 1	1.12	6110.
				ation which		.) DUE TO W	meter to	The state of	
			ANTEC	EDENT CAUS	ES	Ce	wreaf &	San	
Z	DIS	SEASES	OR CO	ONDITIONS, I	F ANY, GIVIN	(B)	***************************************	ogras	***************************************
Ĕ				VE CAUSE (A)		HE DUE TO			
0		431				(C)		. ***********************************	
RTIFICATION				11					
Π C	TRI	BUTING	TO TH	CANT CONDI	NOT RELATE	ED			
Ü.				OR CONDITION		FINDINGS OF OPER	PATION 7		I 20. AUTOPSY?
AL	19A. D	Jun	0 21	1952	JB. MAJOR	a very	7 Jepl	noor	YES NO
DICA-				AS UNDER-		ACE OF INJURY (e. g.,		(If in Baltimore City	
MED.	LYIN		CONT	RIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
-		IME (Month)	(Day) (Year)		21E. INJURY OCCURR		RY OCCUR?	
		-0111			m.	WHILE AT NOT WHILE		Q .	12
	22. <u>I</u>	hereby	y certi	fy that I att	ended_the	deceased from		San 9 , 15	
		sed al		SOM 8	19 2	and that death occur	rred at 10 m., from	the causes and on	
	23A. S	SIGNAT	URE	> (30	1. 0		107 E. WON	82.	23c. DATE SIGNED
24	A BUI	RIAL. C	REMA-	24B. DATE	7	M. D. 24C. NAME OF CEMETE	RY/ R CREMATORY 24D.	LOCATION (City, tow	n, or county (State)
		OVAL (S		9-10-	-	Herring	Run	(alto,	Md
		CEIVE		REGISTRAR		10-	25. FUNERAL DIRECTOR	1	ADDRESS
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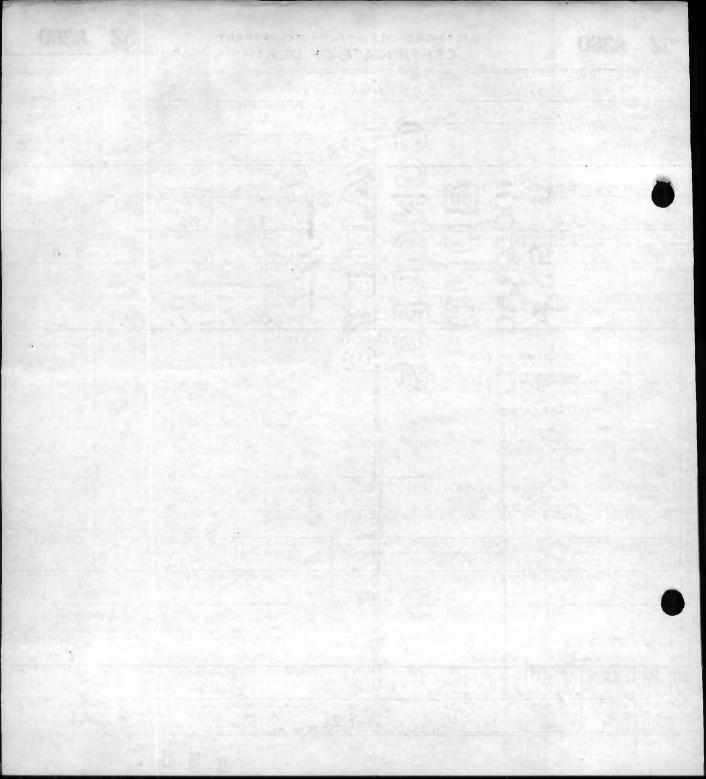
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NAME C	oF D	DECEA	SEI
PLACE C Baltimo			
FULL NA OSPITAL ISTITUTION	OR	OF	(I:

BALTIMORE CITY HEALTH DEPARTMENT

52 8360

в	RTH NO.	300		CERTIFICAT	E OF DEATH	Registered N	
1.	NAME OF E		ATTI	LLA MO	RRIS	2. DATE OF DEATH SEPT	.9, 1952
3.	PLACE OF E		- 19		4. USUAL RESIDE	NCE (Where deceased lived, If	
В.				ion, give street address or location)	c. CITY OR TOWN	(If outside corporate limits	
1	1)				Balto . 7		-0) (ownship)
Ĭ			1107	Yrs. Mos.	2.00	SS (If rural, give location)	an,
C.	th of s	tay in Baltimore	48 9	Days E. MARRIED.	B. DATE OF BIRTH	9. AGE (In years)	mynn
0	Female	20 Prite	midow	VED, DIVORCED (Specify)	may 14, 188	last birthday) Mo	nths Days Hours Min.
		CUPATION (Give kind of of working life, eveo if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	Stanley 2		12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME	0		14. MOTHER'S MAI	DEN NAME	
		/ay	olor		Unkn	rouned	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Dargitte Al	DDRESS 3/9
	20			SECONTI NO.	Mrs. myste	& Elgert, qu	yn Are
	18. 35	OX.		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA's not mean the mode of	TH	Parl	aisons 1	Jeieon	15 9rs
	heart fail	ure, asthenia, etc. It mes complication which	ns the diseas	e,			
		ANTECEDENT CAUS	SES				
Z	DISEASE	S OR CONDITIONS, I	F ANY GIVIE	(B)	************************************		***************************************
RTIFICATION	RISE TO	THE ABOVE CAUSE (A)	STATING TI				
O.							
Ë		H .		(C)			
CER	TRIBUTIN	SIGNIFICANT COND G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
7	19A. DATE O	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
DICA	21A. ACCIDI	ENT, SUICIDE,	1 218 PLA	CE OF INJURY (6. g., i	o or 21c. WHERE D	D (If in Baltimore City, g	YES NO
MED	HOMICIDE	(Specify)		arm, factory, street, office bldg.,			ive exact location,
-	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
ľ			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from	1946,19	, to Sept 9, 1952	that I last saw the
			7, 19 52,			from the causes and on th	
	23A.SIGNA	vare 0.76	alli	10 M.D.	4300 When	ty Hts av	9/10/12
24 TI	BURIAL, SON, REMOVAL (S	Specify) Sopt-12	1952	Fondon Park	RY OR CREMATORY	Balto med.	or county) (State)
	ATE RECEIVE		SSIGNATI	VHI ALLA MOR	HENNE & S	Till. Treolk	And .
3	VS 150	Hunton	9	***	., 0		
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	to divine			1 3 to 10 to 10	STORES AND STREET		WH 2 70



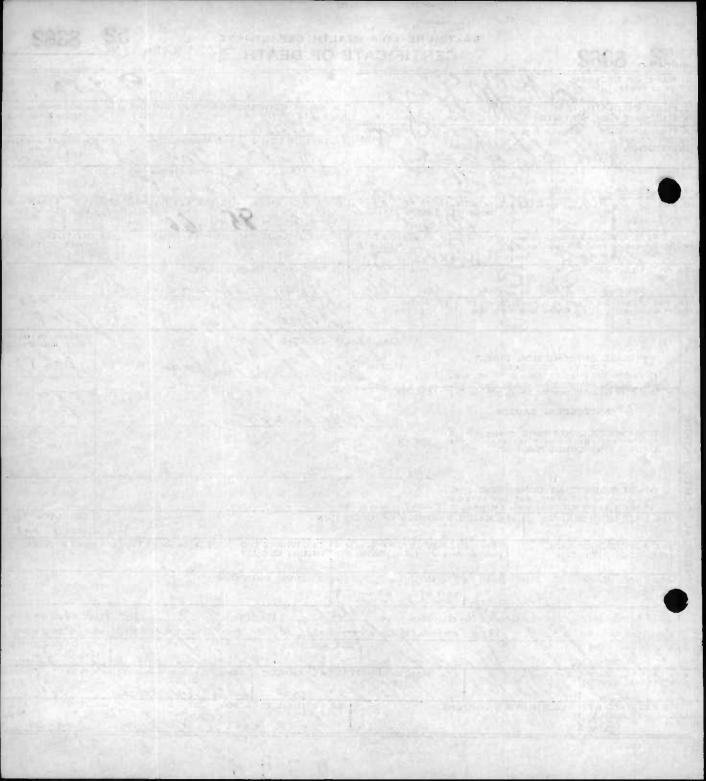
BALTIMORE CITY HEALTH DEPARTMENT

52 8361

Ave.

Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (ype or Print) DEATH Sept. 6. 1952 Cornelia Ross Waters 4. USUAL RESIDENCE (Where deceased lived, If institution: residence PLACE OF DEATH: B. COUNTY Baltimore City, Maryland A. STATE Maryland before admission) (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION township) Provident. Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 849 Hamilton Terrace . Length of stay in Baltimore Days 9. AGE (In years | Huder | Year | Huder 24 Hours | Months: Days | Hours | Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Colored Married Mar: .31. 1882 II. BIRTHPLACE (State or foreign country) OA. USUAL OCCUPATION (Glyekindof) 10B, KIND OF BUSINESS OR 12. CITIZEN OF rk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife Home Calvert Co., Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Egans Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Henry Waters-849 Hamilton INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Metastatic Carcinoma --- Liver LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Congestive Heart Failure 12 days CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION I 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL Pelvic Carcinoma vear 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 22. I hereby certify that I attended the deceased from July deceased alive on 500 of 1952 and that death occurre and that death occurred at 11:18 From the causes and on the date stated above. 9/10/52 SIGNED 23A. SIGNATURE 838, ADDRESS 844 N. Carev St. Balt. Md. 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-Sept.10,1952 Mt. Auburn Cem. Baltimore Co., Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Holland Funeral Home-1631 Druid

ANK MECOU BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH . NAME OF DECHASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. O. SPREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR-OR RACE 7. SINGLE, MARRIED, 8. DATE BIRTH 9. AGE (In years) H Under 1 Year WIDOWED, DIVORCED (Specify) last hirthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekiod of ACE (State or foreign country) 108 HIND OF BUSINESS OR 12, CITIZEN OF work dooe during most of workinglife, even if retired) INDUSTRY WHAT COUNTRY? rock 13. FATHER'S NAME 14. MOTHER MAIDEN NAME rann 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service) 16. SOCIAL HUHORMAN DORESS SECURITY NO. INTERVAL BETWEEN CAUSE-OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICA VES (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., io or about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? (Specify) HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE ATT , 1951 , 19 that I last saw the 22. I hereby certify that I attended the deceased from. 197 and that death occurred at _m., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED 23A SIGNATURE 240 LOCATION (City, town, or county) (State) 24A. BURIAL, CREMATION, BEMOVAL (Specify) 248. DAZE 24c. NAME OF CEMETERY OR CREMATORY may ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



52 8363 BALTIMORE CITY HEALTH DEPARTMENT 8363 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 9/7/52 JOHN H. BESTPITCH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 90I S. CHARLES STREET A. STATE B. COUNTY before admission) MD. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore 90I S. CHARLES STREET Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | | Under | | Year | | Under 24 Hours | last birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH I/2/I897 10A. USUAL OCCUPATION (GivekIndof. 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MARYLAND PRESSER THEODORE & CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLUShing (M WILLIAM ELIZABETH WILSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NO FAMILY - SAME INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 19A. DATE OF OPERATION EDICAL YES 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baitimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 19__, that I last saw the deccased alive on_ 1954 , and that death occurred at 4. m. from the easises and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

248. DATE 9/10/52 24c. NAME OF CEMETERY OR CREMATORY CEDAR HILL

24D. LOCATION (City, town, of county) BALTIMORE

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR alow JAMES L. MCCULLY - I30 EAST FORT AVENUE

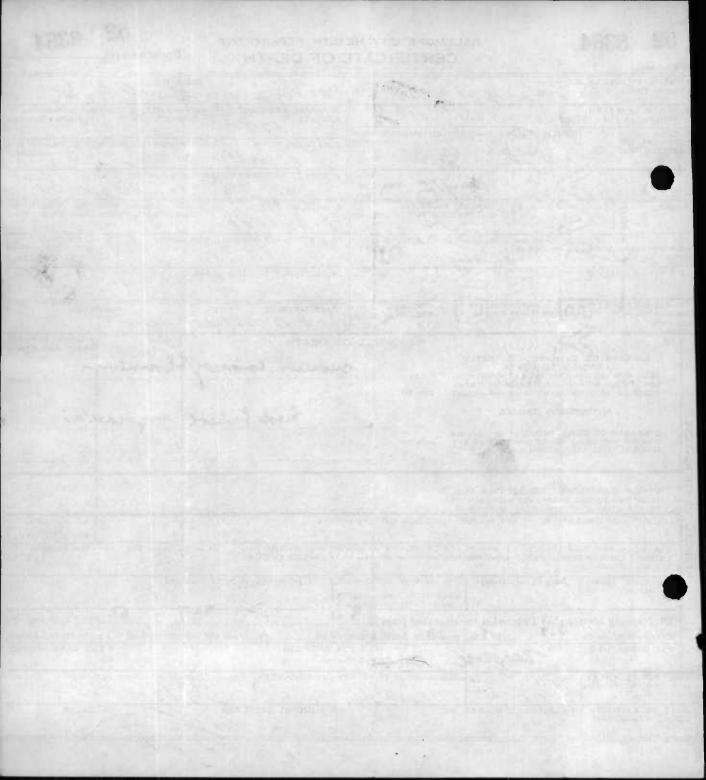
VS 150

8364 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Type or Print) IAZWE1 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Allmore Yrs. D. STREET ADDRESS (If rural, give location) Mos. TANOUEL c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) ork don during most of working life, even if retired) INDUSTRY OLEMBA ALION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

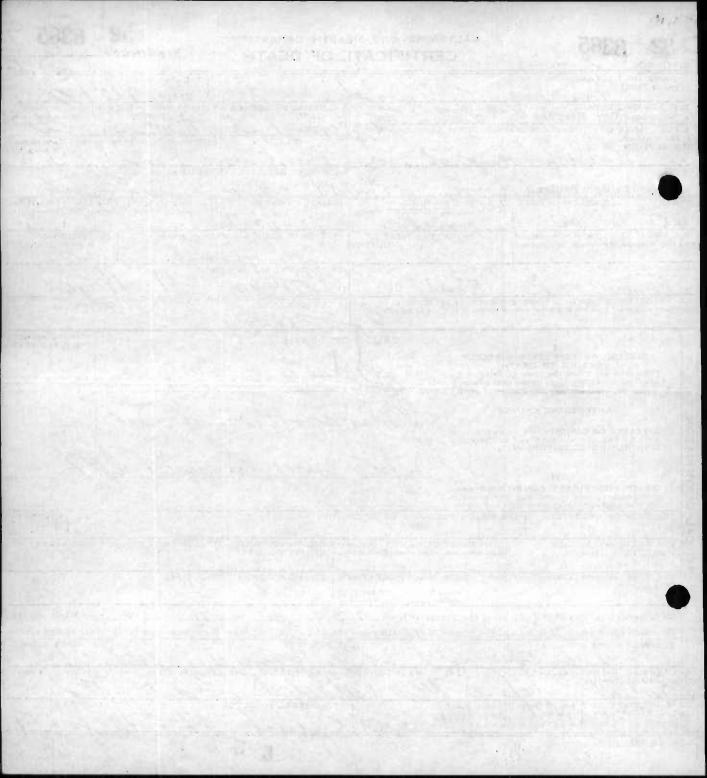
last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or naknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Amila INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES

EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY 22. I hereby certify that I attended the deceased from that I last saw the deceased alive on_ . and that death occurred atm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B DATE CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 0 1059 VS 150



5	700) du	FO.	0000
	52 8365 BALTIMORE CITY H	EALTH DEPARTMENT	52	8365
	P 1 1 C 1 CERTIFICAT	E OF DEATH	Registered No.	
_	RTH NO. 9 2 - 2/8 20	7		
	NAME OF DECEASED ype or Print)		2. DATE OF G	1,-5
3.	PLACE OF DEATH: Jak. Hose of mil-	4. USUAL RESIDENCE (Whe	DEATH 7 0	itution: residence
Α.	Baltimore City, Maryland Bultimore, ct.	A. STATE	B. COUNTY	before admission)
B.	FULL NAME OF (If not in hospital or institution, give street address of spiral OR location		tside corporate limits, w	hito DIID All condesius
IN	STITUTION &	DIF.		township)
10	du tolan Holp. of mil	D. STREET ADDRESS (If ru	(a) rive location	2 4 1
U	Mos.	10000		1
C.	gth of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE MARRIED.		AGE (In years) If Unde	r 1 Year IJ Under 24 Hours
	WIDOWED, DIVORGED (Specify		last birthday) Months	
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	ign country) 112	CITIZEN OF
	dooe during most of working life, even if retired)		12.	WHAT COUNTRY?
13	. FATHER'S NAME	marylan		4517 -
	E PII	14. MOTHER'S MATIDEN NAM	11 4	/
1.5	PRANCIS E Noday	CATHERINE	17. 116	PAR
(Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	RÉSS
		Talker		
	18. 754, 3 CAUSE	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	4		
	(This does not mean the mode of dying, e.g., (A)	persultion as	myraday	***************************************
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		0	THE WHITE
	ANTECEDENT CAUSES	4	, vessely	
Z	(1)	nseptillon	of gunt	
5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		00	
FICATION	UNDERLYING CONDITION LAST.	- //.	111	01
F	, / 6, In/a	RGUNIEWER ,	reptal dik	1
RTI	OTHER SIGNIFICANT CONDITIONS		/	
O E	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
A				YES NO
EDICAL	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., HOMICIDE (Specify) about bome, farm, factory, street, office bidg.		in Baltimore City, give	exact location)
ME	0			
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	RED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHAL			
h	22. I hereby certify that I attended the deceased from 2	111	1/8 102.1	hat I last saw the
	deceased alive on 9/5, 195 -, and that death occi	urred at 1 2 m. from the	causes and on the	
	23A. SIGNATURE	23B. ADDRESS		3c. DATE SIGNED
	7. (Weyners M.D.	Luth run Ha	in of met.	9/9/
24	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	RY OR CREMATORY 240. LOC	ATION (City, town, or	county) (State)
2	711810il 9/10/52 //Pul	atticked (=	mell 1	Rol
	ATE RECEIVED BY RECESTRAR'S SIGNATURE	25. ENNERAL DIRECTOR	//AI	DORESS On
6	EP 1 1959 Huntington Williams M.	Litturk 2	5305/401	ford Fd
-	VS 150	1	1	7
		0010 8 3 0		
	, , 5		AM COLUMN	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8366

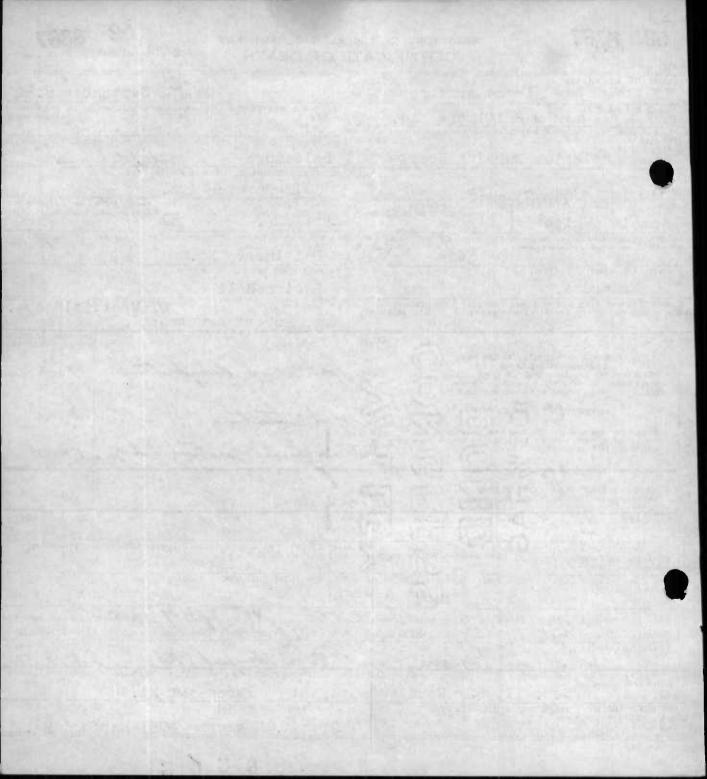
BIR	TH NO.			CERTIFICATI	EC	DEATH		registere	u 110,	
	IAME OF DE	CEASED	1		N		2.	DATE OF		0-16-0
			NNA	/		05e		DEATH	101.	7-1950
	LACE OF DE	ity, Maryland				USUAL RESIDENC	E (Where	B. COUNTY		before admission
	ULL NAME O	OF (If not in hospit	al or instituti	on, give street address or location)		MARY	IIANS			
	TITUTION	4825 L	mul.	End 1	c. c	CITY OR TOWN	(If outs	ide corporate li	mits, wr	rite RURAL and give
-0	21	1020 /	CHWA!	ORG HUB Yrs.	2 6	TREET ADDRESS	(If rura	, give location	10	-01
. 1	th of et	ay in Baltimore		Mos.	0.3	4025	Low	VFnon	/	Aus
5. S		6. COLOR OR RACE		Days Days	8.0	ATE OF BIRTH	9.	AGE (In years	I Under	1 Year If Under 24 Hours
F	ainte	MIGITE	WIDOW	ED, DIVORCED (Specify)	N	111 1- 189	17	last birthday)	Months	Days Hours Min.
IOA.	USUAL OCC	UPATION (Give kind of	IOB, KIND		11.1	BIRTHPLACE (State	e or foreig	n country)	12.	CITIZEN OF
vork d	one during most of	f working life, even if retired)		INDUSTRY	14	linaneu				WHAT COUNTRY
13.	FATHER'S N				14.	MOTHER'S MAIDE	EN NAME			
	5	7	ORNIC	K	3					
15.	WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIAL	17.	INFORMANT	11	10	ADDR	ESB III
(X co.) 1	go or unknown)	(11)00; B110 H01 01 0100	or service)	SECURITY NO.	Me	Jos. 1	10050	9. 48%	51	PANK loed
	18. 44 m	X .		CAUSE	OF I	DEATH				INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY		,	1 77	,			26 days
	(This does	LEADING TO DEAT	rH f dying, e. g	, (A) Cere	bri	al Thron	nbos	15	m?::01000000000	Derver
	heart failur injury or	e, asthenia, etc. It mea complication which c	ns the disease aused death.	e, .) DUE TO						
		ANTECEDENT CAUS	ES			, ,		,	,.	0
Z				(B) Arter	10-	-scleratic	car	dio Vus	ular	
임	RISE TO TH	OR CONDITIONS, I	STATING TH	E DUE TO	1	,				
CATION	UNDERLY	ING CONDITION LA	ST.	(c) Ven	a/	diseas	<u>e</u>	***************************************		******************************
		11								
ERT		GNIFICANT CONDI							- 800	
CE CE		TO THE DEATH, BUT SEASE OR CONDITION								
_	19A. DATE O	F OPERATION I	9B. MAJOR	FINDINGS OF OPER	RATIO	N			The	20. AUTOPSY?
VY-	ACCIDI	ENT WAS UNDER	1 210 DI A	CE OF INJURY (e. g., i	in or l	21c. WHERE DID	(If in	Raltimore Cit	ty give	exact location)
MEDICA		ENT WAS UNDER. CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	etc.)	INJURY OCCUR?	(11 111	Datimore Of	Ly, give	exact location)
2	21D. TIME (Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR	ED	21F. HOW DID IN	JURY O	CUR?		
	MJORT		m.	WHILE AT NOT WHILE						
	22. I herebi	y eertify that I att	ended the	deceased from 8-	-14	1952 to	0 9-	91	952-tl	hat I last saw th
				and that death occur	rred	, ,				late stated above
	23A. SIGNAT		7			17 Below	· ^	1	2	3c. DATE SIGNED
	m		aug		211	17 / secal	T B			7-9-52
TION	. BURIAL, C	REMA- 24B. DATE	/_/	24C. NAME OF GEMETE	DI VIE	RCHEMATORY	TOCA	TION (City, to	Wil, or c	county) (State)
_7	JUVIA!	9/12/	52	May ya	YEE	MEN	TOP	40	1	DREGE / A
	AL REGISTI	RAR	SSIGNATU	2 2 7 4 2 4 4 4 4 5 5 5 5 5	25	FUNERAL DIRECT	The state of the s	1 -	AL	DORESS
2F	P1019	59 Trunt	nglow	Nethous, My	Le	conard 1.	Bue	R 5.	205	Haryord
	VS 150		0	((: (**)	r's	0 1/				1
				1 7 3 .	No.	3	3	6 2		

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8367
Registered No.

	NAME OF DE		ane Ar	mstrong			2. DATE OF Se	ptember 8.52
3. PLACE OF DEATH:					1	4. USUAL RESIDENCE (WI		l. If institution : residence
	FULL NAME			re Md.	0.1	Md	B. COUNTY	perore admission)
H	OSPITAL OR	OF (II not in nospita	at of instituti	locatio			outside corporate	imits, write RURAL and give
	ISTITUTION	Melchior Nu	irsing	Home		Baltimore	21	-05 township)
-				Yrs		D. STREET ADDRESS (If r	ural, give location)
c.	Length of st	tay in Baltimore	Life	Mos Day	11	3017 Royston	Ave.	•
5.	Female	6.COLOR OR RACE White	7. SINGLE WIDOW Sing	E, MARRIED, ED, DIVORCED (Speci 1e		8. DATE OF BIRTH April 27,	9. AGE (In years last birthday)	Months Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR		11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	None		No	ne			d.	
13	. FATHER'S N	IAME	- 119 594			14. MOTHER'S MAIDEN NA	ME	
	Edw	ard A.				Regina Hall		
		D EVER IN U. S. ARMED		16. SOCIAL SECURITY NO		17. INFORMANT	2907 W	esportseld Ave.
	No	No		None		Mrs. Robert Ar	mstrong	
	18. 334	X		CAUSE	E 0	F DEATH		INTERVAL BETWEEN
FICATION	heart failu: injury or DISEASES RISE TO TI	LEADING TO DEAT not mean the mode of re, asthenia, etc. It means complication which complication which complication which complication with the complication with the complication of the	of dying, e.g ns the diseas aused death SES F ANY, GIVIN STATING TH	(B)	72	los and the		2 ms.
CERTIF	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D A	n	. 		
_				FINDINGS OF OF	ERA	ATION		20. AUTOPSY?
EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PL/ ebout home,	ACE OF INJURY (e.) farm,factory,street,office blo	g., in lg., et		f in Baltimore Ci	ity, give exact location)
	F INJURY	(Month) (Day) (Year)		WHILE AT NOT WH AT WORK	LE	21F. HOW DID INJURY	OCCUR?	
		y certify that I att	tended the	deceased from	curi	1971, to Served at 1/1 m., from 18 38. ADDRESS		952 that I last saw them the date stated above. 23c. DATE SIGNED Lot /0/91
2 TI	on REMOVAL (S Burial	Sep. 1		24c. NAME OF CEME Woodlawn	-	Wood	llawn Md.	own, or county) (State)
	SEP 1	D BY REGISTRAR	SSIGNATI			25. FUNERAL DIRECTOR Paul A. Heeman	n 6067	ADDRESS Harford Ra.
=	VS 150	- 10 V / 2 A		1 5 5	7		£ 5m	



Dr. Golly

52 8368

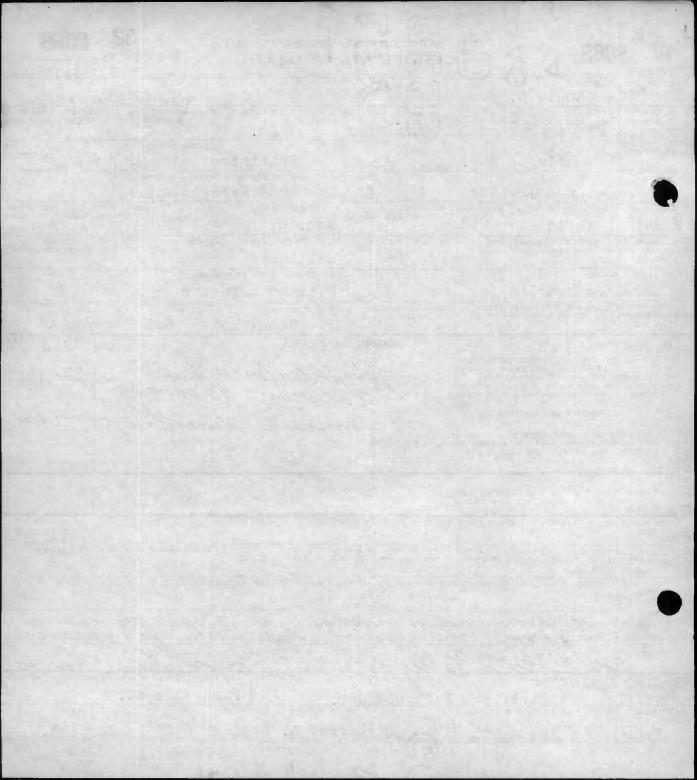
BIRTH NO.

1. NAME OF DECEAS
(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT

52 8368

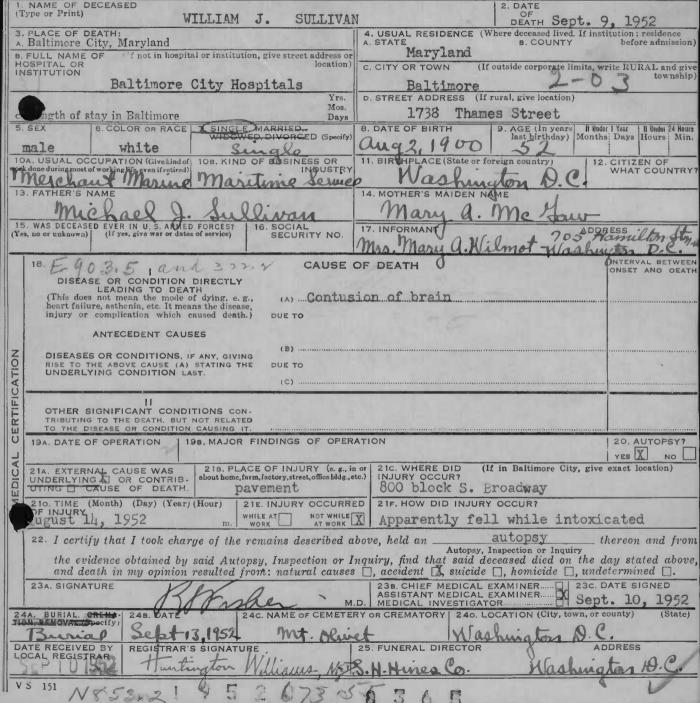
BIRTH NO.	(CERTIFICATI	OF DEAT	Н	Registere	d No	
1. NAME OF DECEASED (Type or Print) Annie C.		2	OF SE	pt. 9,	52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Ba	ltimo	re Md.	4. USUAL RESIDE	ENCE (Wher			residence ore admission)
B. FULL NAME OF (If not in hospital of HOSPITAL OR INSTITUTION 2805 Halcyon	or institutio		Md. c. CITY OR TOWN Balti	(If outs	side corporate li		
250) Haicyon	Ave.	Yrs.	D. STREET ADDRE		l. give location)	1 0	
	ife	Mos. Days	2805	Halcyc	n Ave.		
Female White	WIDOWE WIDOWE	D, DIVORCED (Specify)	Dec. 6,	9.	AGE (in years last birthday)	Months Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	None	OF BUSINESS OR INDUSTRY	Baltimore		n country)	12. CITIZ WHA	EN OF T COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MA				
Lawrence Schulthe	is		Elizebeth	Farbe	r		
15. WAS DECEASED EVER IN U. S. ARMED F Yee, no or unknown) (If yee, give war or detea of NO	ORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Schul	theis	2805 H	address	Ave.
LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused and the second state of the second state	the discase, sed death.) NY, GIVING THE.	(B) OUE TO (C)	ferlensu axular	Then	isen) unsha	3-	Thes
TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C	AUSING IT.		ATION.			1	AUTOPSY?
I ISA. DATE OF OPERATION	I, MAJOR I	FINDINGS OF OFER	ATTON			YES YES	NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., in m.factory, street, office bldg., e			Baltimore Cit	y, give exact	location)
21b. TIME (Month) (Day) (Year) (H	WH	TE. INJURY OCCURRING NOT WHILE WORK AT WORK		INJURY O	CCUR?		
22. I hereby certify that I atten						5 , That 1 1	
deceased alive on 343,	1 - 1	00 2	red at 30 m. 3B. ADDRESS	from the	causes and or		tated above.
24A. BURIAL, CREMA- 24B. DATE	24	4C. NAME OF CEMETE	RY OR CREMATORY	249. LOCA	TION (City, to	wn, or county)	(State)
Burial Sept, 11	,52 1	Parkwood Ce	n.	Parkv	ille Md	•	
DATE RECEIVED BY REGISTRAR'S	SIGNATUR	VIII ART	25. FUNERAL DIR		6067 Ha	rford H	S
VS 150	17 9	5 2 0	0 0 7	A	coor na	riora	106.0
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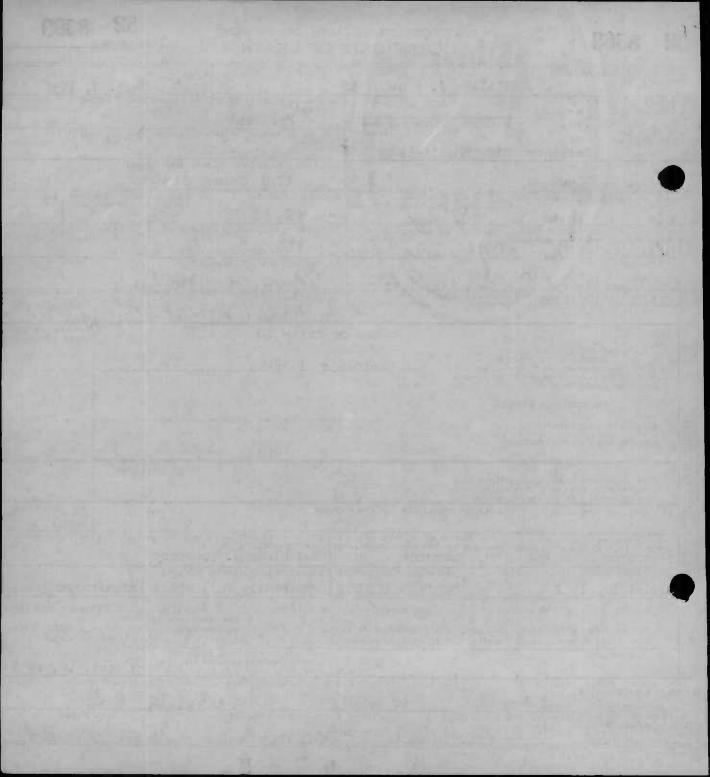


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52	5	2'	269
UR	<	Je	100
BIRTH	NO		
1. NAM	1E C)F	DECEAS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8369
Registered No.





600.				
52 8370	BALTIMORE CITY HE CERTIFICATI		S2 Registered No.	8370
BIRTH NO.	CERTIFICATI	E OF BEATH	1 / 8	
	fonroe L. Baer		of DEATH Sept.	9, 1952
B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit	al or institution, give street address or	4. USUAL RESIDENCE (W A. STATE Marylan	R COLINTY A	stitution: residence before admission
HOSPITAL OR	meral Hospital	c. CITY OR TOWN (If Putty Hil	outside corporate limits,	write RURAL and give township
gth of stay in Baltimore	Yrs. Mos. Days	o. street address (If rural, give location) 3110 Willoughby Ave.		
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	Dec. 4, 1911		Inder 1 Year If Under 24 Hours that Days Hours Min.
OA. USUAL OCCUPATION (Give kind of brk done during meet of working life, even if retired) Clerk	Bethlehem Steel Co.	11. BIRTHPLACE (State or fo	oreign country) 1	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Charles Baer		Dorothy Fuchs		
5. WAS DECEASED EVER IN U. S. ARMET	FORCES? 16. SOCIAL of service) SECURITY NO.	17. INFORMANT	AD	DRESS
	SECONTT NO.	Mrs. Frances Bae	r 3110 Willou	ghby Ave.
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which or	DIRECTLY TH f dying, e. g., as the disease,	She Heat Home		INTERVAL BETWEEN
ANTECEDENT CAUS	ES Concer	Kin Lent &	riline.	

CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

EDICAL (If in Baltimore City, give exact location) 21B, PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Ξ 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE AT WORK WORK 19_, that I last saw the 22. I hereby certify that I attended the deceased fromand that death occurred at 3 A m., from the causes and on the date stated above, deceased glive on 7/3-23B. ADDRESS 234. SUSNATURE 23c. DATE SIGNED 24A. /BURIAL. CREMA-TION, REMOVAL (Specify) Burial 24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Parkville, Md. Sept. 12, 1952 Parkwood 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Ullrich Funeral Home -2008 Orleans St. VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

52 8371

BII	SC E	3371		CERTIFICATI	E OF DEATH	Registered No.	00.7
1. (Ty	NAME OF D	Che	rles F.	Blomeier		2. DATE OF Sept.	7, 1952
B. I	PLACE OF D Baltimore (FULL NAME SPITAL OR STITUTION	City, Maryland 3		tebello Terrac ion, give street address or location)	Maryland		before admission)
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
-		stay in Baltimore		Days	3216 Montebell		
	sex ele	White		E, MARRIED, ZED, DIVORCED (Specify) 1ed	8. DATE OF BIRTH Nov. 20, 1906	9. AGE (In years last birthday) Month	or 1 Year If Under 24 Hours S Days Hours Min.
vork		CUPATION (Give kind of working life, even if retired Lealer	1)	of BUSINESS OR INDUSTRY	Baltimore, Md.	reign country) 12	. CITIZEN OF WHAT COUNTRY?
(. Blometer			14. MOTHER'S MAIDEN NA Minnie Marqua	17 17 T	
Yes.	WAS DECEAS no or unknown)	ED EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	Mrs. Elizabeth B	lomeier 3216 M	
ERTIFICATION	DISEASE RISE TO 1 UNDERL'	LEADING TO DE, s not mean the mode are, asthenia, ctc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I	of dying, e.g. cans the diseas caused death USES IF ANY, GIVIN) STATING THAST. DITIONS CONT NOT RELATE	(B) Quire (B) Quire (C) Chy.	else fibr Pfermotic He	illation utdeslase) Audder
U.		OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	LYING OCAUSE OF OCAUSE OF INJURY	(Month) (Day) (Year oy certify that I a live on	r) (Hour) m. ttended the	and that death occur	ED 21f. HOW DID INJURY 21f. HOW DID INJURY 22 3, 19 4 to A red at 6.55pm., from the	34.7,1954	hat I last saw the
24 TIO	A. BURIAL. N. REMOVAL (S	Specify)	.0, 1952	24c. NAME OF CEMETE Lorraine	- V	lawn, Md.	county) (State)
DA	TE RECEIVE	D BY REGISTRA	r's SIGNATU	Williams, No	25. FUNERAL DIRECTOR Ullrich Funeral	A	odress ans St.
	VS 150	forest to a second	U	5290	((十八日)		

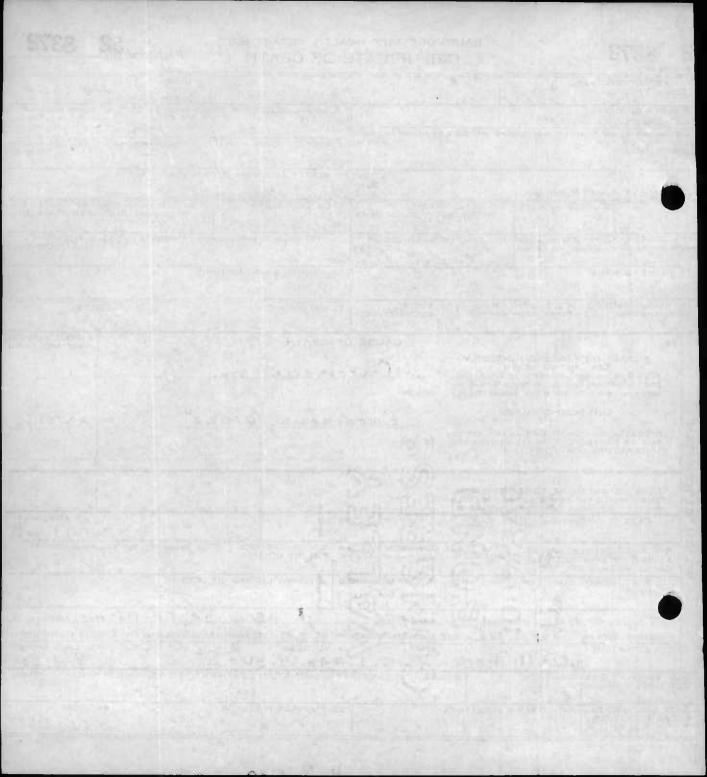
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BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 8372

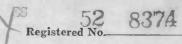
BIRTH NO.	
1. NAME OF DECEASED CORA A. ECK.	2. DATE OF DEATH 8, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased live). If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside con oran inners, but te RURAL and give
3620 Resurch Red.	Be Ita
Yrs.	D. STREET ADDRESS (If rural, give location)
gth of stay in Baltimore Days	3620 Reswich Old.
5. 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Undet 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
orkidooe duriog most of working life, eveo if retired)	mal. WHAT COUNTRY?
S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. Yes, no or unknowo) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT ADDRESS
- 218-18-4558	John Cch 3620 Reswick Rd.
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	cinematosis ?
heart failure, asthenia, etc. It means the disease,	cins maissis
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	inoma, breast 2 yrs(?)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
	RATION 20. AUTOPSY?
The same of the sa	YES NO X
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., le about home, farm, fectory, street, office bldg.,	
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	1951, to Sept 7, 1952, that I last saw the
	rred at 4 A. m., from the causes and on the date stated above. 38. ADDRESS 23c. DAJE SIGNED
Win. Mc Fault M.D.	840 W. 36 - ST 9/9/52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Sept 11, 1952 Callown.	25. FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
SEP 1 0 1952 Thankington Wellaus, My?	Church Schlingwell & 3615+1 prestauting
vs 150	8.V
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	0.00	77			ALTH DEPARTMEN	T Registered N	2 8373
Bi	ATH NO.	132-209	41/	CERTIFICATI	E OF DEATH	C degistered i	
(T)	NAME OF D	Baby	Girl E	oulmetis		2. DATE OF DEATH 9	4 52
3. A.	Baltimore (City, Maryland B	altimor	e. Maryland	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If B. COUNTY	institution : residence before admission)
B. F	FULL NAME SPITAL OR STITUTION			ion, give street address or location)	c. CITY OR TOWN	If outside corporate limit	
J.	0	St. A.	gnes Ho		Baltimore,		- O Gwnship)
c.	th of s	tay in Baltimore	h T	Yrs. Mos. Days	b. STREET ADDRESS (_ // /	
5. ·	'emale	6. COLOR OR RACE	7. SINGL	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH 8 31 52	9. AGE (In years)	Under 1 Year If Under 24 Hours nths Days Hours Min.
10/	A. USUAL OC	CUPATION (Give kind of of working life, eveo if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	NAME			Baltimore, M		USA
		m L. Boulmeti			Athena Ha		
15. (Yes,	WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	- 17.1						4
	18. 763	O I	DIDECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEAT not mean the mode of	TH	lula	monary Ed	una	
	heart failt	re, asthenia, etc. It mea complication which c	ns the diseas	e,	0	······································	
		ANTECEDENT CAUS	ES	0	0		
Z	DISFASE	S OR CONDITIONS, II	FANY GIVIN	(B) W	a stum p	remine	
FICATION	RISE TO T	THE ABOVE CAUSE (A)	STATING TH				
10				(C)			***************************************
RTIF	OTHER S	II SIGNIFICANT CONDI	TIONS COL		4		
CE.	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
DICAL		7	1 210 01/	CE OF INJURY (e. g., ie	or 21c, WHERE DID	(If in Baltimore City, a	YES NO
MEDI		R CONTRIBUTING DEATH		erm, factory, street, office bldg., e		(II in Dalumore Orty, g	ive exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	,	21E. INJURY OCCURRI		RY OCCUR?	
1			m.	WHILE AT NOT WHILE		010 8	
		y certify that I att	ended the		, 19 , to_		, that I last saw the
1	deceased a		, 19	and that death occur	3B. ADDRESS A	the causes and on th	23c. DATE SIGNED
		orest J.	and	M.D.	St. 04	us Hope Cul	9/6/5-
TIO	N. REMOVAL	DREMA 24B. DATE	1-2	24C NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or count) (State)
_	TE RECEIVE	D BY REGISTRAR	SCICNATI	Cathedr	2 SELINEBAL DIRECTOR	Da/TIMOR 6	ADDRESS.
LO	CAL REGIST	932 +	s SIGNATI	WHI:	M. FAHEY & SOI	s 401 SUFFO	LK Rd
	VS 150	1 1000 10	0	TAMERIA- MAS	0 0 3	6 2	-/1 /1 /
				1 4 5 4	00		

HITATIC TELEVISION OF THE STATE
525	C
2 8374 BIRTH NO.	
1. NAME OF DECEA (Type or Print)	Johnson
3. PLACE OF DEATH A. Baltimore City,	
	(If not in hospital or

BALTIMORE CITY HEALTH DEPARTMENT 52 8374

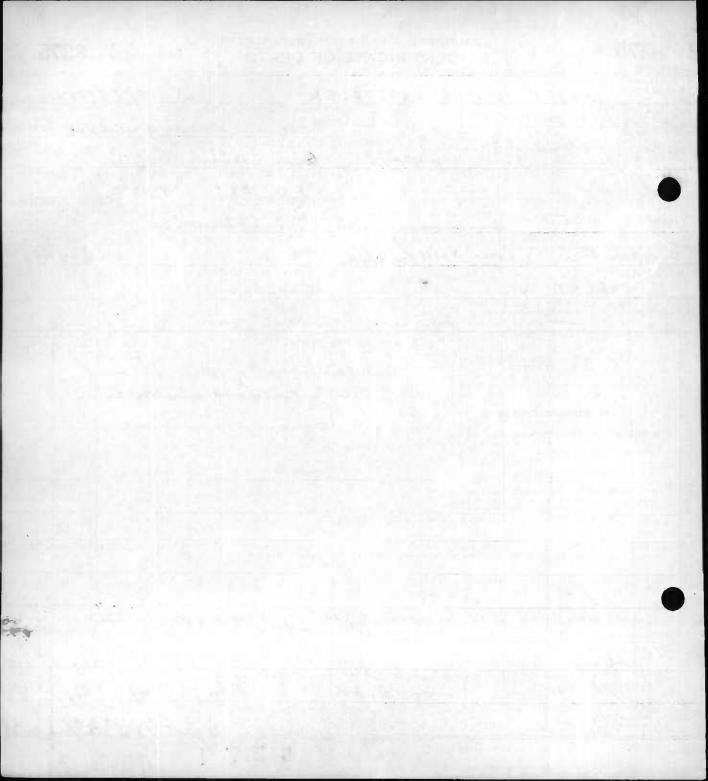


BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	on. Bessie M	ae	2. DATE OF 9/9	1/52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	or institution, give street address o location		outside corporate limits, v	vrite RURAL and give township)
c. In th of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)	4
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH		der I Year H Under 24 Hours ns Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	M. BIRTHPLACE (State or for	reign country) 12	WHAT COUNTRY?
13. FATHER'S NAME John Bel	20	14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED/ÉVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates of	FORCES? 16. SOCIAL SECURITY NO.	Mr. Carence John	or Pasade	ress md.
CTHE SIGNIFICANT CONDIT	dying, e.g., s the disease, used death.) ES ANY, GIVING STATING THE DUE TO (C) TIONS CON-	rimary and metasta- not known		
TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19		RATION		20. AUTOPSY1
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., ebout home, farm, fectory, street, office bldg.		in Baltimore City, give	YES NO Ce exact location)
21D. TIME (Month) (Day) (Year) (OF INJURY	Hour) 21E. INJURY OCCURI WHILE AT NOT WHILL MORK AT WORK	E	OCCUR?	
22. I hereby certify that I attodeceased alive on 9/9/		9/2 1952+0	ic causes and on the	that I last saw the date stated above. 23c. DATE/SIGNED
24A. BURIAL, CREMA- 24B. DAYE TION REMOVAL (Sporify) 9/12/5	24C. NAME OF CEMET	1	nabolia M	(State)
DATE RECEIVED BY REGISTRAR'S	stor Williams 16	28 FUNERAL DIRECTOR	ton Glen	Deunie Mr

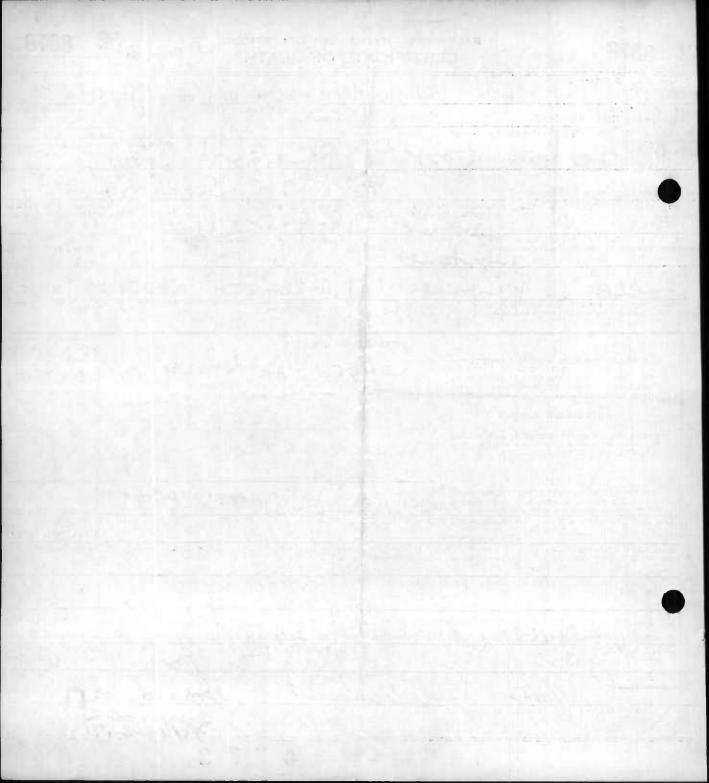
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1	0 1000		BALTI	MORE CITY H	EALTH DEPARTMENT			
3	8375		C	ERTIFICAT	E OF DEATH	Registered	&_ <u>8375</u>	
_	NAME OF D	ECEASED				I 2. DATE		
	ype or Print)	ROBERT	ELMER	GRIFF	ITH	OF DEATH 9/	8/1952	
	PLACE OF D Baltimore (EATH: City, Maryland 6			4. USUAL RESIDENCE	Where deceased lived, I. B. COUNTY	f institution: residence before admission)	
B.	FULL NAME	OF (If not in hospit	al or institution,	give street address or location		Amme Aru		
IN	ISTITUTION	suoryland	a ever	aspital	Glew Burn	ie 520	ts, write RURAL and give township)	
1	•			Yrs. Mos.	D. STREET ADDRESS (I	0		
C.	gth of s	tay in Baltimore	7. SINGLE, N	Days Days	8 DATE OF BIRTH	9, AGE (In years)	If Under 1 Year If Under 24 Hours	
male white married (Specify)			anarch 5/189	last birthday) M	onths Doys Hours Min.			
		of wor life, even if retired)		Hed Engineers	11. BIRTHPLACE (State or	foreign country)	WHAT COUNTRY?	
13	FATHER'S			- Constl	14. MOTHER'S MAIDEN	NAME		
16		BERT MED EVER IN U. S. ARME	/ .		Donaldson			
		(If yes, giva war or date	s of service)	6. SOCIAL SECURITY NO. 18-12-4437	Mrs. Narold Moo		Burnie Md.	
	18. 153	3 × 1		CAUSE	OF DEATH		INTERVAL BETWEEN	
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CARCING						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO with putestival alastruction							
	ANTECEDENT CAUSES							
Z	(B)							
ERTIFICATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	STATING THE	DUE TO			I STATE AND	
IFIC	w	В		(C)				
CERT	TRIBUTING	GIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED					
				INDINGS OF OPE	RATION		20. AUTOPSY?	
CA	214 ACCIDE	ENT. SUICIDE.	1 21n PLACE	OF INJURY (e. g.,	io or 21c. WHERE DID	(If in Baltimore City,	YES NO L	
MEDICAL	HOMICIDE	(Specify)		i, factory, street, office bldg.		(If in Daltimore City,	give exact location)	
-	21D. TIME	(Month) (Day) (Year		E. INJURY OCCURF	_	RY OCCUR?		
E				DRK NOT WHILE				
						Zihat I last saw the		
	deceased a	live on 9/9	_, 19 52 , an	d that death occu	rred at m., from	the causes and on	the date stated above. 23c. DATE SIGNED	
		luch Bon	Khair	м. р.	maryland a en	eral Haspil	4919 152	
	4A. BURIAL, ON, REMOVAL (S		240	NAME OF CEMETI	ERY OR CREMATORY 24D.	LOCATION (City, tow)	n, or county) (State)	
-4	Buria!	1/11/5	1 6	en Have	n 6/8	dia-ingi-	1419.	
DLO	ATE RECEIVE OCAL REGIST		s signature	liaus, Nip.	25. FUNERAL DIRECTOR	Singleton	ADDRESS Glennie M.	
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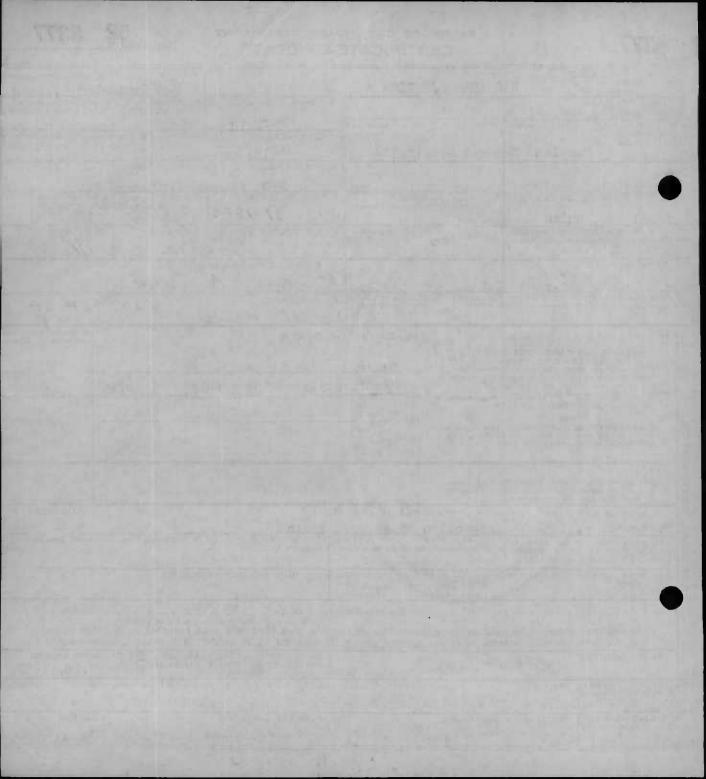


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0 00000	E OF DEATH Registered No. 8376					
1. NAME OF DECEASED HARLES VENNIS	NILHELM, JR. DEATH 9-10-57					
3. PLACE OF DEATH. A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or location)						
MINICIPAND GEN. MOST.	D. STREET AOORESS (If pural, give location)					
c. gth of stay in Baltimore Days	8. OATE OF BIRTH 9. AGE (In years M Under 1 Year M Under 24 Hours					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIEO.	9-9-5 lay					
10A. USUAL OCCUPATION (Give kind of working life, even if retired) TOA KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY?						
CHARLES D. WILHELM MARGARET WHEELER MILLE						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AOORESS					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	CONTRAPORD ABOUT					
TO THE DISEASE OR CONDITION CAUSING IT. 194 DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY?						
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, form, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)					
about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW OID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK) 22. I hereby certify that I attended the deceased from deceased nive on 1-10-1, 19 and that death occurred at 2 Any, from the causes and on the date stated above. 23A. SIGNATURE 26B AOORESS 229 DATE SIGNED						
24A. BURYAL, GRENT 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or country (State)) 10N, SEMOVAL (Specify) 9/11/52 JOHN Town Radiat Upperco. Mot.						
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR William Nota. Gues.						
Vs 150						

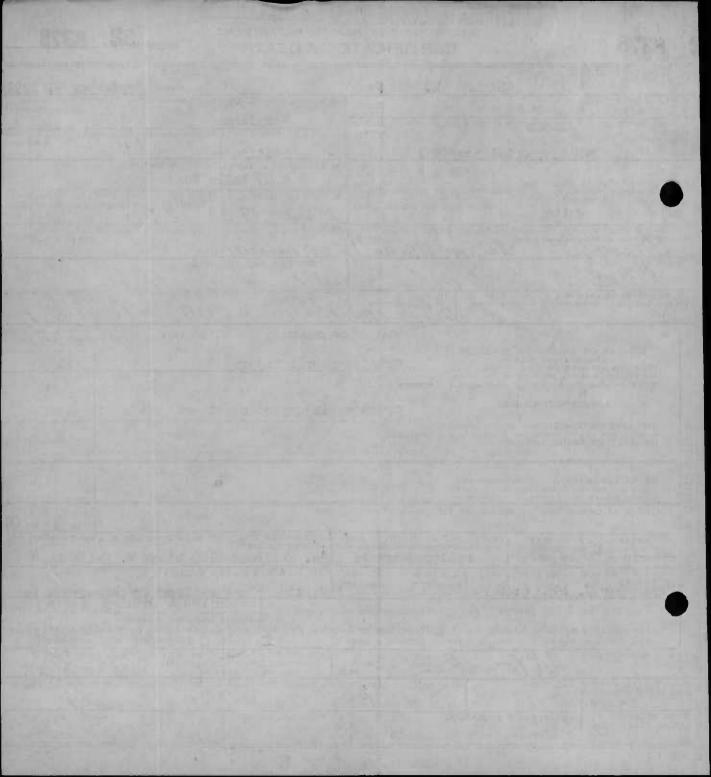


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	HEALTH DEPARTMENT 52 8377											
BIRTH NO. CERTIFICA	TE OF DEATH Registered No.											
1. NAME OF DECEASED	2. DATE											
(Type or Print) BARBARA JUSTICE	DEATH September 9, 1952											
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)											
B. FULL NAME OF ''f not in hospital or institution, give street address HOSPITAL OR locati												
INSTITUTION	township)											
Maryland General Hospital	Baltimore s. D. STREET ADDRESS (If rural, give location)											
grangth of stay in Baltimore												
5. X 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spec	B. DATE OF BIRTH 9. AGE (In years Under I Year Hunder 24 Hours											
female white	Upr 21-1800 66											
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY											
13, FATHER'S NAME	Vyecht Korokia U.S.A.											
Joseph Por Sich	14. MOTHER'S MAIDEN NAME											
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT DAY CADDRESS CA											
(Kod, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT 362 EADDRESSA ST.											
18. 11 ELV	E OF DEATH											
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH											
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Acute cardiac tamponade												
heart failure asthonia etc. It means the disease	ture dissecting aneurysm of aorta											
ANTECEDENT CAUSES												
Z DISFASES OR CONDITIONS IF ANY CIVING												
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.												
(C)												
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.												
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION 20. AUTOPSY?											
September 9, 1952 Extraction of seve	eral teeth YES X NO											
O 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., la or 21C. WHERE DID (If in Baltimore City, give exact location)												
UTING CAUSE OF DEATH.												
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU												
The series of the remains described above, held an autopsy thereon and the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undetermined [
							23A. SIGNATURE 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER					
							KXX ishen	ASSISTANT MEDICAL EXAMINER Sept.10, 1952				
TION, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or coupty) (State)											
Demoval 9-10-52 New york Hew york												
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE												
	25. FUNERAL DIRECTOR ADDRESS											
CED 1050 Tuning to Trans air, My	125. FUNERAL DIRECTOR ADDRESS WENN DOB ANC 12/15/ Your Sty											
VS 151	Leur sen director address Si											



Registered No 8378 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF CHARLES WOLFe September 9, DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY · before admission) Maryland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Union Memorial Hospital Baltimore o. STREET ADDRESS (If rural, give location) Mos. 6109 Falls Road ngth of stav in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) 7. SINGLE, MARRIED If Under 1 Year I If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) white 10A. USUAL OCCUPATION (Giveklad of 1/. BIRTHPLACE (State or foreign country) 10BJKIND OF BUSINESS OR 12. CITIZEN OF work dongduring most of working life, even if retired) WHAT COUNTRY? acaina enna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO (If yes, give war (Yes, ao or unknown) 6109 INTERVAL BETWEEN 02X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Craniocerebral injury (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Crushing injury of chest RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 11 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A, DATE OF OPERATION NO A 218. PLACE OF INJURY (e.g., in or about home farm factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING Y OR CONTRIBUTING CAUSE OF DEATH. INJURY OCCUR? railroad tracks Pa. Railroad-6100 block W. Falls Road 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY eptember 9. Walking along railroad tracks-struck by 1952 6:40 Pm. AT WORK WORK inspection & inquiry the trained from 2. I certify that I took charge of the remains described above, held an .. Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \mathbb{K} , suicide \square , homicide \square , undetermined \square . 23B CHIEF MEDICAL EXAMINER 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER September 10 MEDICAL INVESTIGATOR 24A. BURJAL, CREMA. 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify, 22 0 enc. ADDRESS 25, FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



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c.		tay in Baltimore	35 3	Yrs. Mos. Days	27 N. Carey		give location) 1 Samarita	n Home	
	nale	White	7. SINGLE, MA WIDOWED,	RRIED. DIVORCED (Specify)	Sept. 15, 1	102 001	AGE (in years Mo	Under I Year nths Days Hours	24 Hours Min.
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13	FATHER'S		7	(11)	14. MOTHER'S MA	IDEN NAME	A. ELIE A.		
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMET (If you, give war or date	FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT Records: B.	С. н. 4	940 Easter	DDRESS 'n Avenue	
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Σ	FINJURY	Month) (Day) (Year) May 16, 1952			Patient		Lo floor	J .	1
	dcceased al		ended the dece	that death occur	3B. ADDRESS	from the ca	uses and on th	that I last so e date stated of	above
TIG	A. BURIAL, C	pecify)		NAME OF CEMETE	4940 Eastern	24D. LOGAT	ION (City, town,	or county) (State)
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BALTIMORE CITY HEALTH DEPARTMENT

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	ype or Print)	T	20RGE			tles Jr.		OF DEATH	7-8	52	
3.	PLACE OF DE	ATH:			0 0,	4. USUAL RESID		here deceased lived.	lf institu		
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	FULL NAME O	F (If not in h	ospital or institut		ddress or location)		A1 /10 -			O DAY	1 -2
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE LEHNER AROLINE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ALTO D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore ENWOOD Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under 1 Year H Under 24 Hours last birthday) Months Day WIDOWED, DIVORCED (Specify) Hours: Min. 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10s. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY OUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Scholl Mary M. Bader 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr.Albert J.Lehner-IO N.Kenwood Avenue No None None INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY RTERIOSCLEROTIC CARDIO-LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, ASCULAR DISEASE injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 10 SENILITY 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION YES EDIC/ (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED QF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from JUNE 12, 1941, to SEPT. 9, 1952 that I last saw the deceased alive on SEPT. 1952 and that death occurred at 3 Pm., from the eauses and on the date stated above. 23C. DATE SONED 23A. SIGMATURE 23B. ADDRESS 24A. BURIAL, CREMA TION, REMOVAL (Specifor 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 248. DATE Belair Rd.Balto:Md. Holy Redeemer Cemetery Burial 9-12-1952 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE George J.Ruth, Inc .- 1735 Harford Avenue LOCAL REGISTRAR wilnyston Vollacus. Mar.

VS 150

CHECKET, I TOO! Different Books of the District of the State of the Consider the second sec Samuel Canadana Street, See Street Street

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate Mmits, write ROBAL and give INSTITUTION JOHNS HOPKINS HOSPITAL township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIWORCED (Specify) 6. COLOR OR RACE 9. AGE (In years If Under 1 Year I If Under 24 Hours last birthday) Months; Days Hours Min. 5. SEX 8. DATE OF BIRTH -25-27 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Neusungle 13. FATHER'S NAME 14. MONHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JUHNS HOPKINS HOSPITAL M INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. $\overline{0}$ 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 8-29 1952, to_ 9-9, 1952, that I last saw the 22. I hereby certify that I attended the deceased from_ 1952, and that death occurred at 910 Pm., from the causes and on the date stated above. deceased attooon a-9 23A, SIGNATURE 23c. DATE SIGNED 238. ADDRESS JOHNS HOPKINS HOSPITAL 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 1 Sunal DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL-REGISTRAR VS 150

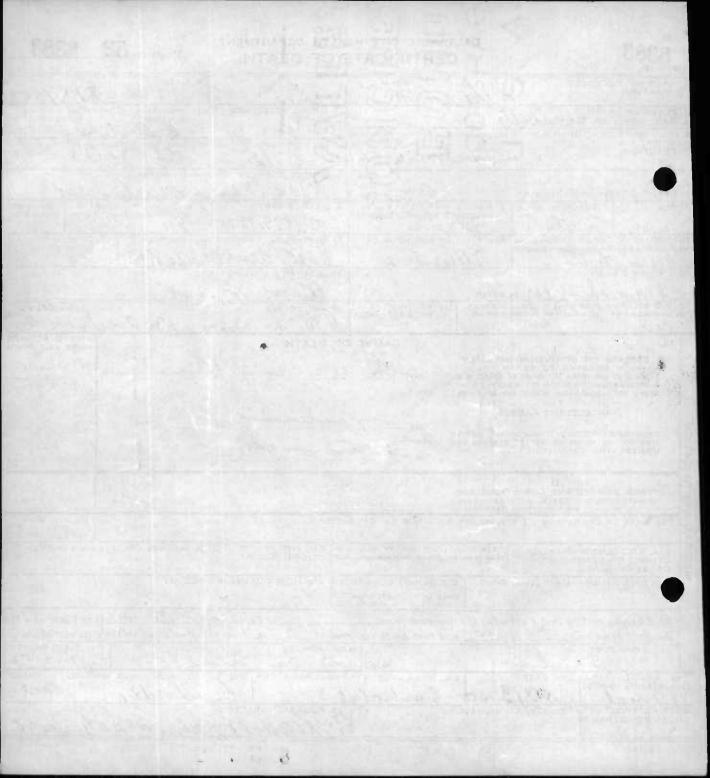
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 8383

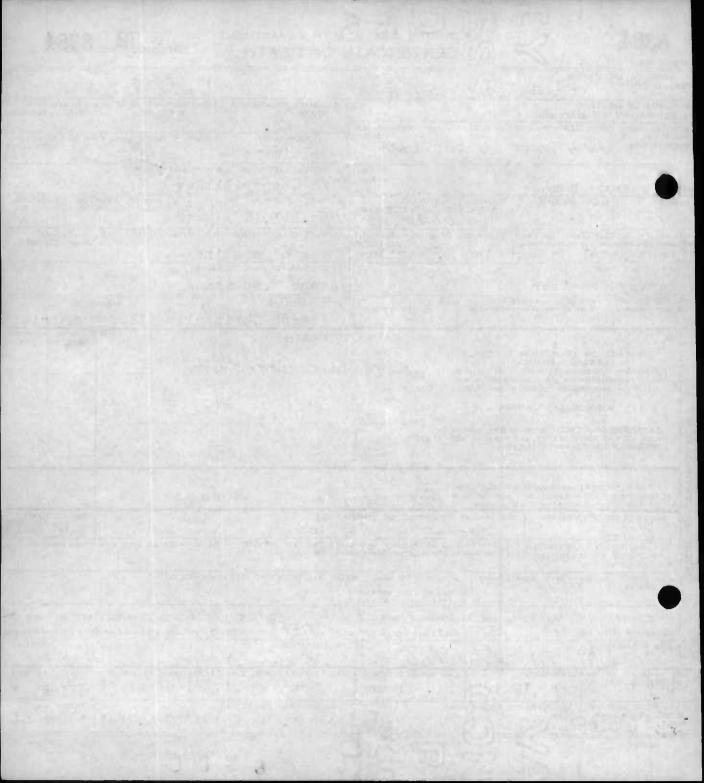
1. NAME OF DECEASED (Type or Print)	DEATH SINS 10, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland (1)	4. USUAL RESIDENCE (Where deceased fived. It institution residence A. STATE before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	That Rules Saling
INSTITUTION 5/19 Benten Heights	C. CITY OR TOWN (If outside corporate limits, write REAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give beation)
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 14 Hours
My Dower, Divorced (Specify)	april 29,1871 Sag birthday Months Days Hours Min.
10A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR rork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Dress Feller Slewers &	Bost New Market Ms
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVEN IN O. S. ARMED FORCES? 16. SOCIAL	17 ANFORMALE ADDRESS DULLS /2
15. WAS DECEASED EVER IN 0, S. AMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO.	8. V Larrimone 636 Overbrok Rej
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(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	· · · · · · · · · · · · · · · · · · ·
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(c)	
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m. WHILE AT NOT WHILE MY WORK AT WORK	
22. I hereby certify that I attended the deceased from	, 1935, to Sept 10, 1902, that I last saw the
deceased alive on Seff 8, 1952 and that death occur	
23A. SIGNATURE Hardrug M. D.	3805 Belan Pa Syl 10/52
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE TION DEMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR SIGNATURE	25. FUNEBAL DIRECTOR ADDRESS
SEP 10 1952 Tuntington Wallaces, his	A. Heund Elano 1400 Deharles 18
VS 150	000770



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BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT

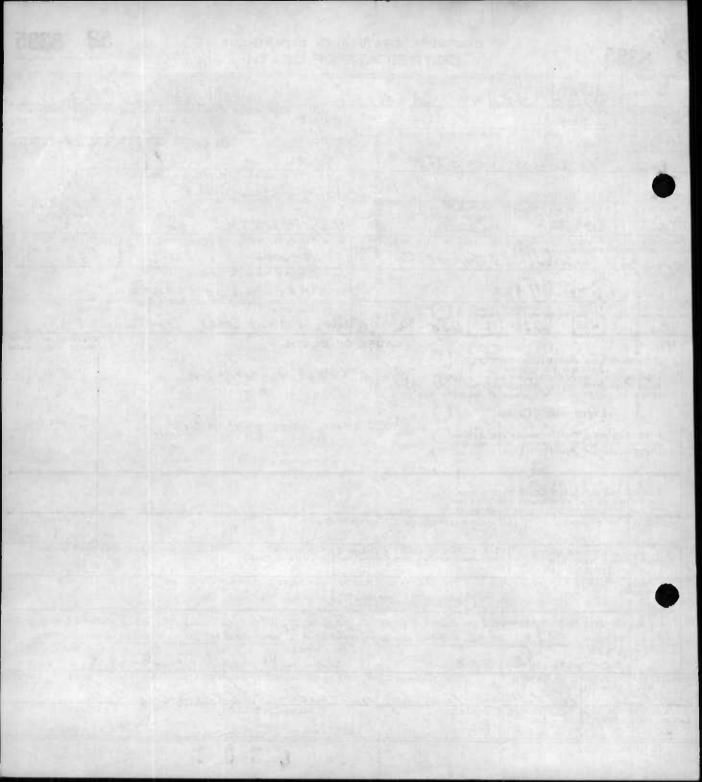
000:1	CERTIFICATE	OF DEATH	Registered 1	Vo 000):1
BIRTH NO.	CERTIFICATE	OF BEATH			
1. NAME OF DECEASED (Type or Print) ROSA	HRISTELLO		2. DATE OF DEATH	9/52	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (W	here deceased lived. If		
A. Baltimore City, Maryland B. FULL NAME OF (If not in bospital or		A. STATE	B. COUNTY	befor	re admission)
HOSPITAL OR	location)		outside corporate limit	s, write kU	A and give
INSTITUTION SINAI HOSP	OF BALTIMORE	Baltimore	16	29	(Township)
4	Yrs.	D. STREET ADDRESS (If r	ural, give location)		
c. The of stay in Baltimore	Mos.	1123 Quantrill	Wav		
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13. FATHER'S NAME	AIRPLANCS (M)	14. MOTHER'S MAIDEN NA	ME	ALC: U	
Harvey Measimer		Jenne Trautman	n		
15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16. SOCIAL	17. INFORMANT	A	DDRESS	
Yes, no or unknown) (If yes, give war or dates of a	ervice) SECURITY NO.	Joseph Chris	telle 112	3 Quan	trill
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22. I hereby certify that I attend	Ch.	12 1952 to 9	/9 19.5	2that I la	et sam the
deceased alive on 9/9, 1	952, and that death occur		ne causes and on t	he date sto	ited above.
23A. SIGNATURE		3B. ADDRESS		23¢. DA	
Stanley M. J.	ilverkera M.D.	Sonai Ho	3b.	19/9/0	52
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE		CATION (City, town	or county)	(State)
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	and the				



CERTIFICATE OF DEATH

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ORTH NO.	OF DEATH						
NAME OF DECEASED HENRY CARR	2. DATE OF DEATH 9/8/52						
s. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)						
FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR DWN (If outside corporate limits, write That and give						
Union Memorial Hospital	Baltimore township)						
Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 1304 Enfant Place						
b. Le. 4th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under I Year If Under 24 Hours						
Male white Widowed Divorced (Specify)	Queg 14, 1896 last birthday) Months Days Hours Min.						
ON LIGHTAL OCCUPATION (C: Lind of NIND OF DUCINESS OF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
erche en lugineer E.I. Dupont. Co	Jours USA						
3. FATHER'S NAME CHEMICALS (M)	14. MOTHER'S MAIDEN NAME						
JOSEPH H. CARR	MARY HILDEBRANDT						
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (as, no or unknown) (If yes, give war or dates of service) SECURITY NO.	WIFE - DEAN CARR 1304 Enfant Place						
VES WW-II 825-26-1936	Interval actives						
18. 4201 CAUSE	OF DEATH						
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	andral interestion. I day						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES	any multicency 3 weeks						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1 00						
UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER							
	a or 21C. WHERE DID (If in Baltimore City, give exact location)						
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., i about bome, farm, factory, street, office bidg.,							
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR							
m. WHILE AT NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from	9/7, 1952, to 9/8, 1952, that I last saw the						
22. I hereby certify that I attended the deceased from 9 17 1952, to 9/8, 1952, that I last saw the deceased alive on 9 8, 1952, and that death occurred at 2 2 m., from the causes and on the date stated above.							
Georgia Plynolds M.O.	Union Memorial Hospital 9/8/52						
24A. BURIAL, CREMAN 249. DATE 24C. NAME OF CEMETE	RY OR GREMATORY 240 COCATION (City, town, or county) (State)						
DATE RECEIVED BY REGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
LOCAL REGISTRAR Huntington Williams his	- Wiggert + Song Entow Place & Larval St						
VS 150	1/800						



0.000	HEALTH DEPARTMENT
1. NAME OF DECEASED (Type or Print) Many A. Faulkner	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (
B. FULL NAME OF (If not in hospital or institution, give street addres HOSPITAL OR locati	

Registered	52 No		8386
2. DATE	,	A	

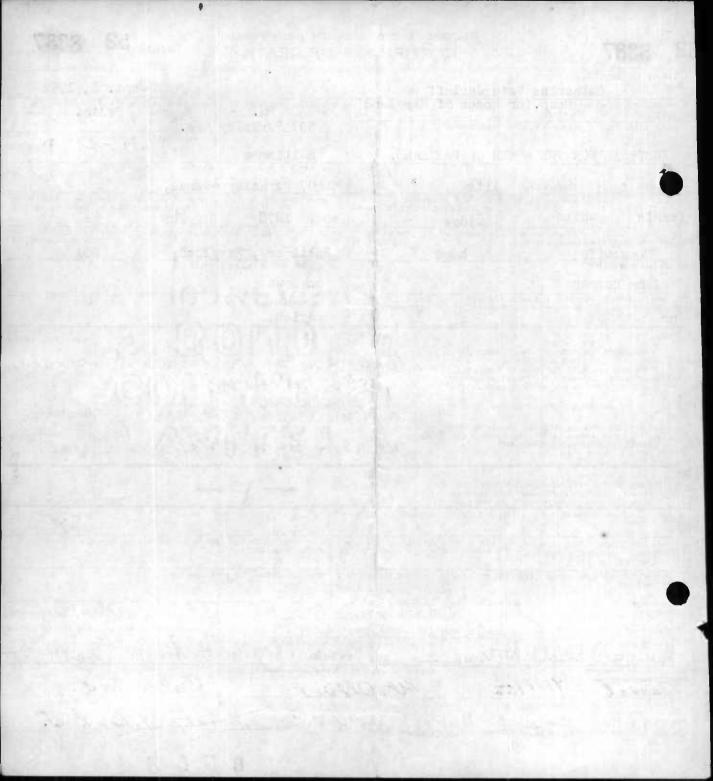
Diff. i. i.	
1. NAME OF DECEASED (Type or Print) Manual Faulkner	2. DATE OF Sextember 9,1962.
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution; residence A. STATE B. CQUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. ength of stay in Baltimore Days	33 mundade Rdo
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years f Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min.
Female White, married	3-30-05 4-7
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Verk done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Hansenifa. Home	Kentucken
13. FATHER'S WAME	14. MOTHER'S MAIDEN NAME
4/m F. memitt	Margaret Branch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
18. 581 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	atic mou thicein cy Imonto
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ω
ANTECEDENT CAUSES	$a \cdot a \cdot b \cdot a \cdot b \cdot a \cdot a \cdot a \cdot a \cdot a \cdot $
Z (B)	fallopm & ell tous I months
PIECE TO THE ABOVE CALLES (A) CTATING THE DHE TO	2. 2. 2
UNDERLYING CONDITION LAST.	All co to lism
<u>U</u>	
OTHER SIGNIFICANT CONDITIONS CON-	- P 7: - 0P
TRIBUTING TO THE DEATH, BUT NOT RELATED CON QUEL	we lear failur & auty homa
194. DATE OF OPERATION 198, MAJOR FINDINGS OF OPER	
7	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ZED 21F. HOW DID INJURY OCCUR?
FINJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby cortify that I attended the deceased from 9.	-21 1952 to 9-8 1952 that I last saw the
deccased alive on 9-8, 1952 and that death occu	rred at 625 f, m., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADPRESS HOPKINS HOSPITAL 23C. DATE SIGNED
1. Juagin R. M.D.	1/0/32
TION, REMOVAL (Specify)	THE OR CHEMATORY
Burial Dept. 12,1952 New Cat.	
DATE RECEIVED BY REGISTRAN'S SIGNATURE	
SEP 10 1952 Tuntington Valuation,	Nohn T. Stansbury - 2700 Edmondsontive
VS 150	
1 7 5	2 4 4 6 8 3 8 2

641 52 8387

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2 8387

BIRTH NO.								
1. NAME OF DECEASED (Type or Print) Catherine Kate Jarloff			1	8, 1952				
3. PLACE OF DEATH: Hosp for Women of Ma	aryland	4. USUAL RESIDENCE (W	B. COUNTY Bal	titution: residence (Obefore admission)				
B. FULL NAME OF (If not in hospital or institution, give s HOSPITAL OR	treet address or location)	LO7 Parksley	Ave outside corporate finits, v	rie RURAL and give				
HOSPITAL FOR THE WOMEN OF MARYLA	AND.	Baltimore	20-	(Swinship)				
	Yrs. Mos.	D. STREET ADDRESS (If	and the state of t					
o high of stay in Baltimore life 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRI	Days	B. DATE OF BIRTH		ler 1 Year If Under 24 Hours				
fomale white WIDOWED, DIVO	ORCED (Specify)	Dec ? 1876		S Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUS	SINESS OR	11. BIRTHPLACE (State or fo	reign country)	CITIZEN OF				
work done during most of working life, even if retired) Housewife home	INDUSTRY	Baltimore, Mary	land	USA USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME					
John Herman		unknown						
	CURITY NO.	patient	ADD	RESS				
no 18. // 2 2 . /	CALISE	OF DEATH		INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH				
(This does not mean the mode of dying, e.g.,	, Carolio	oasular hear	1-disease	severalypas				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	to arte	eriocelerosi.						
ANTECEDENT CAUSES	Q:Onlaw	- O Pro med News	on lie wais	6,108/				
O DISEASES OR CONDITIONS, IF ANY, GIVING		al brouchoffens		a wews				
A CHEEKETING CONDITION EAST.	Texebra	el arfeiroloro	Pris	years				
	-	· · · · · · · · · · · · · · · · · · ·		0				
OTHER SIGNIFICANT CONDITIONS CON-								
TO THE DISEASE OR CONDITION CAUSING IT.				Loo MATORSYS				
19A. DATE OF OPERATION 19B. MAJOR FINDIN	IGS OF OPER	ATION		YES NO				
21a. ACCIDENT WAS UNDER. 21B. PLACE OF I LYING OR CONTRIBUTING about home, farm, factory CAUSE OF DEATH			f in Baltimore City, giv	e exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY	URY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?					
m. WHILE AT WORK	NOT WHILE							
22. I hereby certify that Lattended the deceased from Ale 4 25, to Sept 5, 1952, that I last saw the								
deceased alive on 511 8 , 1952, and that death occurred at 6151 m., from the causes and on the date stated above.								
Adecard Heard Ressure Women Hopital Baltimone Sept 4-52								
24A. BURINI. GREMA. 24B. DATE 14C. NAM	24A. BURIM. GREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
Bunial 11152	Mt. Ol.	ivet	Dalto. M	d.				
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	. , .	25. FUNERAL DIRECTOR	1010 040	0 . T				
	My My	4= (vok Jue.	21/01.Jan	(* W.				
VS 150								



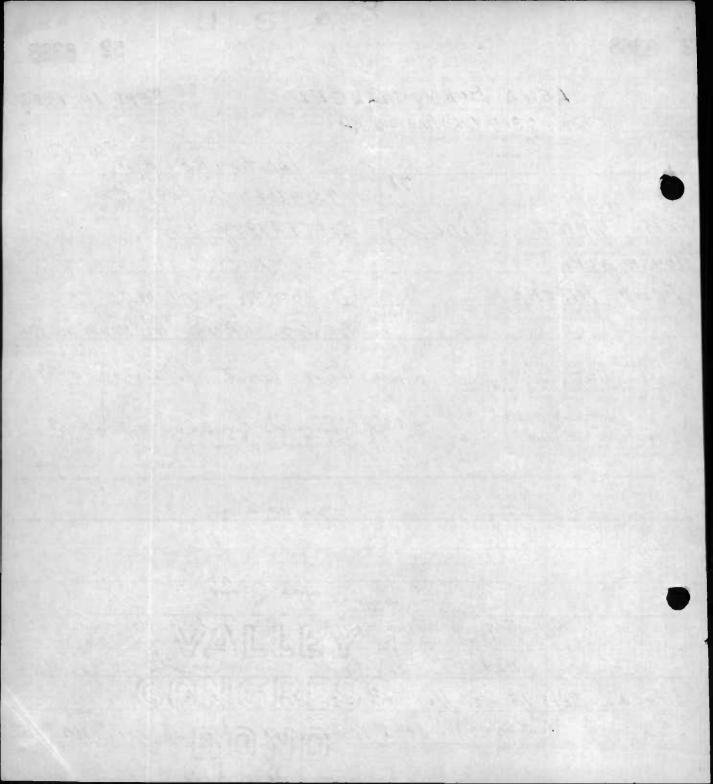
VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered 52 8388

18	RTH NO.		CERTIFICAT	E OF DEATH	Registered No	0000
	NAME OF DECEASED LEN	A Bo	PRNSCHLE	FGEL	OF DEATH SEPT.	10-1952
3. A.	PLACE OF DEATH: Baltimore City, Maryland 7	314 0	KD HARFORD /	USUAL RESIDENCE	(Where deceased lived, If in B. COUNTY	titution : residence before admission)
B. H(FULL NAME OF (If not in hospi SPITAL OR STITUTION	tal or instituti	on, give street address or location)	c. CITY OR TOWN (If outside corporate in its.	write RUP (L) and ve
c.	Ogth of stay in Baltimore		Yrs. Mos. Days	4	HARFORD RI).
1	EM. 6.COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	SEPT 187	8 74	der I Yaar H Under 24 Hours hs: Days Hours Min.
10 work	TOUSE WORK		OF BUSINESS OR INDUSTRY	GERMAN	foreign country)	WHAT COUNTRY?
13	FRED HIDEH	FN		14. MOTHER'S MAIDEN	HAMAE	2
15 (Yes	. WAS DECEASED EVER IN U. S. ARME , no or unknown) (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT 17. TOSEPHI	MILLER OW HA	Press RD RD
ICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	TH of dying, e. g ans the disease caused death. SES IF ANY, GIVIN STATING TH	DUE TO J	etive love	t foilure rais-vos	ONSET AND DEATH
CERTIF	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	D	nove		
AL	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		YES NO P
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., i arm, fectory, street, office bldg.,		(If in Baltimore City, giv	e exact location)
Σ	O. TIME (Month) (Day) (Year INJURY		21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?	
	22. I hereby certify that I attended the deceased from 3/1/50, 1957, to 1/0, 1957, that I last saw the deceased alive on 1/0, 1957, and that death occurred P.m., from the causes and on the date stated above.					
	23A. SIGNATURE	Dei		226 Hono	e Ste	23c. DATE SIGNED
TI	BURIAL CREMA 24B DATE OF REMOVAL (Specify)	3 5%	HOLY CRO	SS CFIN	A.A.Co.	county) (State)
	ATE RECEIVED BY REGISTRAN	s SIGNATU	Williams, My	Funeral Director	Harle 121	E West of

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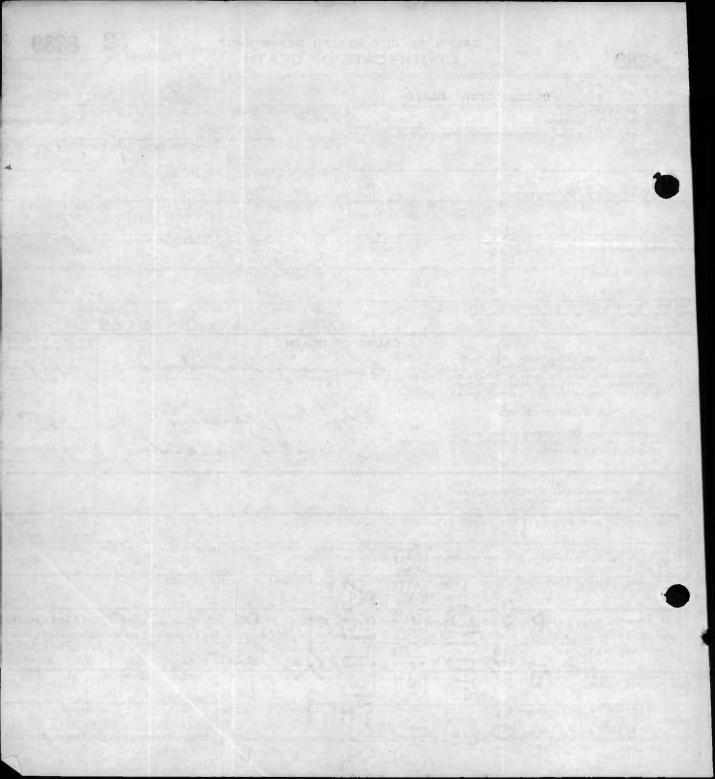


8389

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8389

BIRTH-NO.								
1. NAME OF DECEASED (Type or Print) Lewing	Edras Hansge		of Sept. 9, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland 313 B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION)	27 Virginian Ave. or institution, give street address or location)	A. STATE Marylan	There deceased lived. If institution: residence B. COUNTY before admission d outside corporate limits, write RU and give township					
c. Sgth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3127 Virginia Ave.						
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 22, 1899	9. AGE (In years If Under I Year last birthday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 13. FATHER'S NAME	10в. KIND OF BUSINESS OR INDUSTRY	Maryland 14. Mother's Maiden NA	WHAT COUNTRY					
Harry L. Parks			AME					
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give wer or dates of	FORCES? 16. SOCIAL SECURITY NO.	Mary Leaf 17. INFORMANT Albert P. Hense	ADDRESS e 3127 Virginia Ave.					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								
19a. DATE OF OPERATION 19		RATION	20. AUTOPSY?					
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., c		f in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? E INJURY M. WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from the causes and on the date stated above. 23a. SIGNATURE 23b. ADDRESS 22c. DATE, SIGNED								
24A. BURIAL, CREMA: 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	art.	OCATION (City, town, or county) (State)					
Burial Sept. 12, DATE RECEIVED BY REGISTRAR'S SEPT. REGISTRAN		25. FUNERAL DIRECTOR	Powson, Md. Address Home 2008 Orleans St.					
VS 150	vs 150							

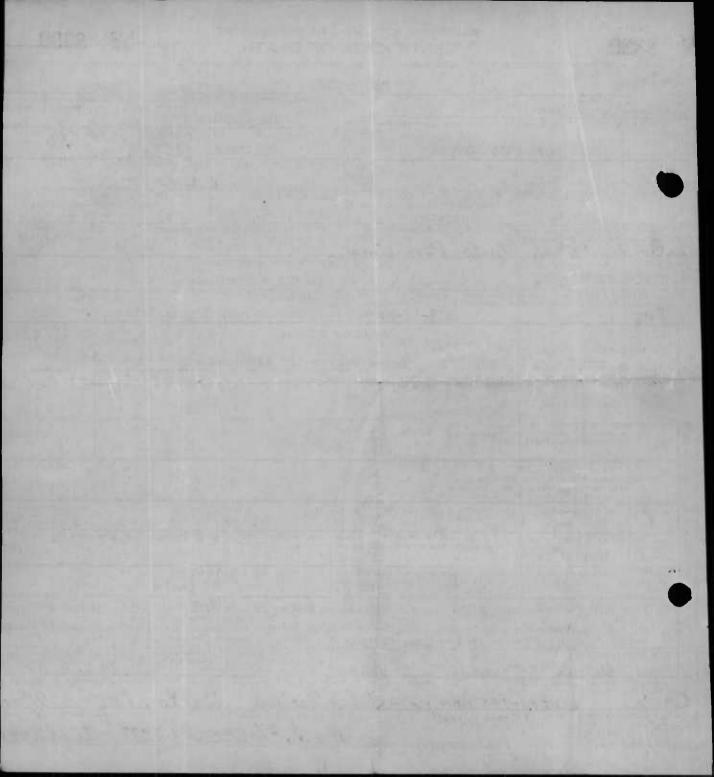


222 8390 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 20 8390

BI	8390 RTH NO.			CERTIFICATI	E OF DEATH	- Registere	do. 8390		
	1. NAME OF DECEASED (Type or Print) STANLEY KRUSZEWSKI 2. DATE OF DEATH September 9, 1952								
Α.		City, Maryland			A. STATE	NCE (Where deceased lived. B. COUNTY	If institution : residence before admission)		
H	FULL NAME OSPITAL OR ISTITUTION	OF ('f not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	land (If outside corpor te lin	nits, Free RURAL and give		
	31101101	Baltimore C	ity Mor			imore /	township)		
6	oth of s	tay in Baltimore		Yrs. Mos. Days	d. STREET ADDRESS (If rural, give location) 714 S. Register Street				
5. 94X 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours Months Days Hours Min						
Male White Separated		July 6, 1879	tate or foreign country)	1 12. CITIZEN OF					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water Funisher 13. FATHER'S NAME			- Painting						
		KRUSZEWSKI		0	Teofilia Wisniewska				
15 (Yes	. WAS DECEAS:	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
_	no			217-12-6069A	Mary Jackowska, 325 Register St.				
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUSES						W 3 400		
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)								
RTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED								
CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE				ATION		20. AUTOPSY?		
AL		1	1 218 817	ACE OF INJURY (e.g., i	g or 21c. WHERE DI	D (If in Baltimore City	yes No X		
EDIC	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB. CAUSE OF DEATH.		farm, factory, street, office bldg., e			, see chart avenues.		
Σ	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID	INJURY OCCUR?			
	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined \(\mathbb{L} \).								
	23A. SIGNA	Olian IF	Lower	M M	23B, CHIEF MEI ASSISTANT MEI D. MEDICAL INVE	DICAL EXAMINER	Sept. 9, 1952		
					on, or county) (State)				
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR ADDRESS WALLS TO SHOW THE PROPERTY OF THE								
V	V S 151								
2			7 5	6700	38 3 8	6	V		

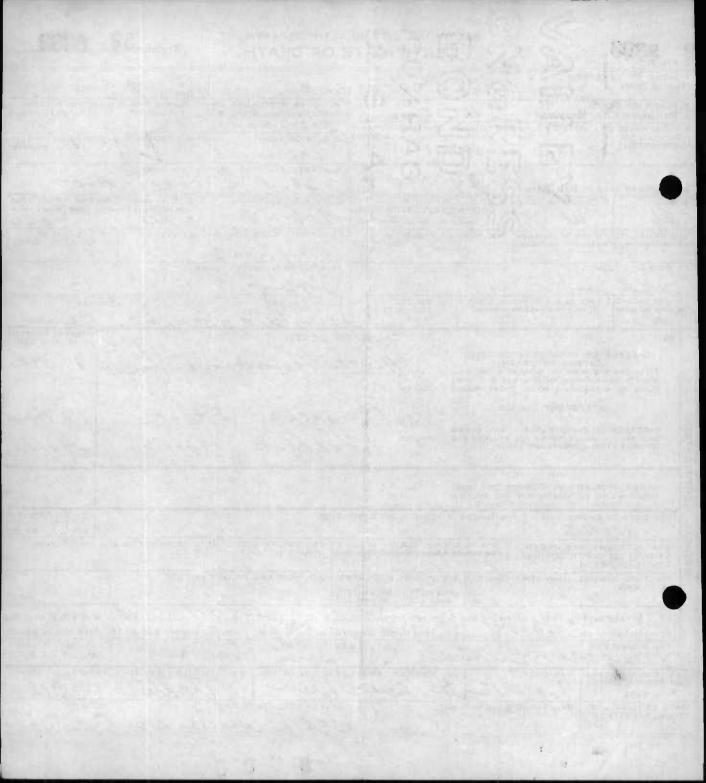


A. Case - Kel CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, of institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write WRAL and give INSTITUTION JOHNS HOPKINS HOSPITAL transa Yrs. D. STREET ADDRESS (If rural, give location) Mos. BIRTH 9 AGE (A years | 10 Under 1 Year | 11 Under 24 Hours | Months Days | Hours Min. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10a. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. 81RTHPLACE (State or foreign country.) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? UCKSTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. JOHNS HOPKINS INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE ATT NOT WHILE 9-9, 1952, that I last saw the 1952 to 22. I hereby certify that I attended the deceased from_ 9-9 1952, and that death occurred at 1221, m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23C.,DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) OUNI DURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS VS 150

NOT A MEDICAL EXAMINER'S CASE

CHEF OF ASS I MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Girl DUCROVICK OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland HOSPITAL A. STATE MARYLAND B. COUNTY before admission) DALTIMORE (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR (If outside corporate minit, write RERAI and give INSTITUTION BAL tim DRE D. STREET ADDRESS (If rural, give location) KOSECREST AUE 3924 gth of stay in Baltimore 9. AGE (In years | N Under | Year | N Under 24 Hours | Months Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) SIN 4LE HRS. 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) WHAT COUNTRY vork done during most of working life, even if retired) INDUSTRY -AND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 7. INFORMAN ADDRESS (If yes, give war or dates of service) es, no or unknown) SECURITY NO. NO INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218, PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY NOT WHILE WORK and that death occurred at 5 25 p.m. inc. 22. I hereby certify that I attended the deccased from 2-8 , 195 that I last saw the e.m., from the causes and on the date stated above. deceased alive on___ 23c. DATE SIGNED 23A SIGNATURE 9-10-5 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 75V121746 45. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE DATE RECEIVED BY VS 150



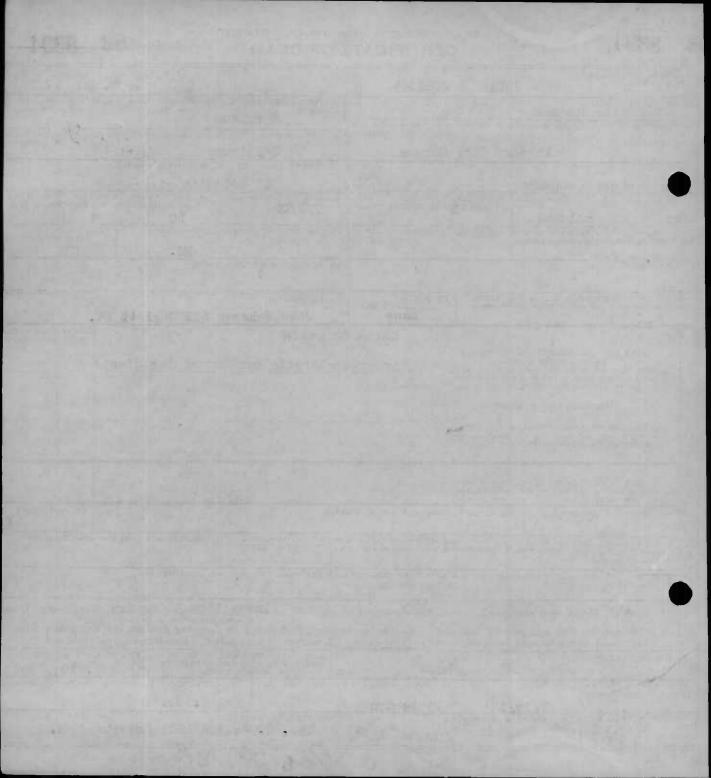
BALTIMORE CITY HEALTH DEPARTMENT

8333	CEPTIFICAT	E OF DEATH	Registered No.	0000
BIRTH NO.	CERTIFICATI	E OF DEATH		
Type or Print) Wagman	Dara		2. DATE OF DEATH SED 1.	10,1952
B. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W)		ation : residence before admission
	cution, give street address or location)		outside corporate limiter welt	DIDAY and also
NSTITUTION II . I - 202	1 Chas PL	Baltimore	171	township
Dectors Pospital and	Yrs.		ural, give location)	**
Bougth of stay in Baltimore	TO YTS Days	263500	yola No. h	Jay 15
to de Wind	LE, MARRIED. DWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years If Under I last birthday) Months	Year It Under 24 Hours Days Hours Min.
OA. USUAL OCCUPATION (Givekinder) 10B. KII	ND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12.0	ITIZEN OF
rk Ameduring most of working life, even if retired)	INDUSTRY	Russia		VHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
not prown		not seuor	ou	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	7. INFORMANT	ADDRE	ss. An
	1	face wayman		NTERVAL BETWEEN
18. 170 x and 26	0	OF DEATH		NSET AND DEATH
DISÉASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying,	Co	alal Hon.	orkage	
heart failure, asthenia, etc. It means the disc	ease,	Rimo don soi	anage	
injury or complication which caused des	oth.) DUE TO	all landensia.	7	
ANTECEDENT CAUSES	(B) Lia	befix Huide	213	
DISEASES OR CONDITIONS, IF ANY, GIV		. //.	/ /	
UNDERLYING CONDITION LAST.	(c) Can	inoma wer	aspases to	dorsal spi
	USINI	THOUSE OF THE DECISES		
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED DIABI	ETES		
19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 218. P	LACE OF INJURY (e. g., I		in Baltimore City, give e	xact location)
LYING OR CONTRIBUTING about hom	ne, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR		OCCUR?	
m.	WHILE AT NOT WHILE AT WORK		10	
22. I hereby certify that I attended th		G30 195 40 41		it I last saw th
deceased alive on 4 , 19.5	and that death occur	rred atm., from th	e causes and on the da	te stated above c. DATE SIGNED
a. L. Hornsten	M. D.	2048. Ded	le st	110/52
24A. BURIAL, CREMA- 24B. DATE	24C NAME OF CEMETE	1	CATEN (City, town, or co	unty) (State)
weed 9-11-52	1 Comments	Lase	walte,	Ma
DATE RECEIVED BY REGISTRAR'S SIGNA	Williams AST	25. FUNERAL DIRECTOR	A	PRESS PO
SEP II IDUC I	Turaura, Niger	rack person	12100 Oct	001~

See Document File 52-8393 Vanswer to query

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 12 8394

BIRTH NO.		CERTIFICATI	- OF DEATH				000	
1. NAME OF DECEASED (Type or Print)	DDIE	JOHNSON			OF Se	pt. 10	, 195	2
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDE	NCE (Where d	eceased lived. B. COUNTY	If institut	ion : reside before adn	ence nission)
HOSPITAL OR		ion, give street address or location)	c. CITY OR TOWN	(If outside	e corporate li	nits, write		and give
Baltimo	re City	Morgue Yrs.	Bali	timore	rive location)			
ength of stay in Baltimore		Mos. Days		Collette				
5. SEX 6. COLOR OR RACE female colored	7. SINGLE WIDOW	E. MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH 3/5/02	9. A	GE (in years st birthday)			r 24 hours s Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		d.		HAT COL	
13. FATHER'S NAME ?			14. MOTHER'S MA	IDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	s	
700		nène	John Joh	nson 613	Collet		TERVAL BI	
ANTECEDENT CAUS Z DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA TO THER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION	F ANY, GIVIN STATING TH ST. TIONS CON	(C)						
							O. AUTOF	39
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLA about home,	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE D INJURY OCCU		altimore City			no LA
210. TIME (Month) (Day) (Year) OF INJURY		21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCC	UR?			
22. I ecrtify that I took charge of the remains described above, held an inspection & inquestion or						ry the day , undeter	stated rmined	$above$ \Box .
23A. SIGNATURE	Fin	Recommendation M	D. MEDICAL INVE	ESTIGATOR	NER	Sept.	10, 1	952 (State)
TION, REMOVAL (Specify) Part 3 9/13/	/52	Mt Auburn		Balto.				
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR'S CED 1 1 1952	anglessen 1/2	Miaus M.P.	Geo G G	Kelson 1	303 Pre	ADDF ss tma n		V
V S 151	1	9 5 2 0	See 3	to Kel	son			



) 	8395 RTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered No.	8395
	NAME OF DECEASED A 2	Fllen Copp	ОН	2. DATE OF DEATH 9/7/	1952
	PLACE OF DEATH: Baltimore City, Maryland	1101	4. USUAL RESIDENCE (W	here deceased lived. If institu	tion: residence before admission)
H	FULL NAME OF (If not in hospital or OSPITAL OR STITUTION 8/9 Edma	institution, give street address or location)	Balle.	outside corporate limits,	e RUPAL and give township)
C	gth of stay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (If I	rural, give location)	
worl	male Com. 9	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 1V. BIRTHPLAGE State of for 14. MOTHER'S MAIDEN NA		
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	The Circles S	herrord	ss
RTIFICATION	DISEASE OR CONDITION DIRI (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANTRISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	ECTLY ing, e. g., te disease, d death.) DUE TO Y, GIVING	writing Interes		TERVAL BETWEEN NSET AND OEATH TWORTH
CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATEO			
L	19A. DATE OF OPERATION () 19B.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA		1B. PLACE OF INJURY (e. g., ir out home, farm, factory, street, office bldg., e		f in Baltimore City, give en	cact location)
-	21D. TIME (Month) (Day) (Year) (Hor INJURY	m. WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended the deceased from May (, 195, to 2007), 195, that I last saw the deceased alive on 2007, 1952, and that death occurred at 16 A m., from the causes and on the date stated above. 23A SUCNATURE 23C, DATE SIGNED				
10	BURIAL, CREMA- 24B. DATE 2	2 91H ankur		OCATION City, town, or con	(State) RESS 322/V.

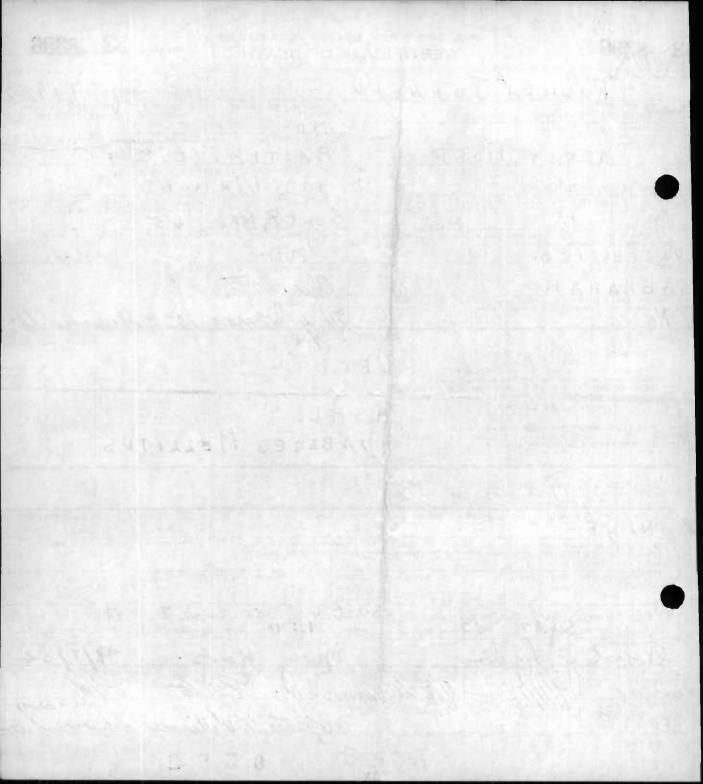
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SNATURE 25. FUNERAL DIRECTOR ADDRESS 322/V.
Williams, M.J. Mrs Katu R. Williams. Schweder St.

9 5 2 0 0 0 8 3 9 1

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 2 8396

BIRTH NO.	- Or DEMIN
(Type or Print) RUDOLPH JOHNSON	2. DATE OF SUNT 7 1953
A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and the
MERCY HOSP.	BALTIMORE 4-0 touship)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. 1 of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	102 UIA MOND.
MIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BETHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of worklog life, even if retired) NENPLOYED. BELLHUP - HOTEL	M.D. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ABRAHAM	Chartotte .
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no of unknown) (If yes, give war or dates of service) SECURITY NO.	T. INFORMANT JADDRESS
No	Mary Johnson 102 M. Aramond St.
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ENIA
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	**************************************
ANTECEDENT CAUSES	11.6
DISEASES OR CONDITIONS, IF ANY, GIVING	FID
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ABETES MELLITUS
(c)	102123 112881103
11	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
NINE	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., about home, farm, factory, street, offi	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	to sept 7, 1952 that I last saw the
	rred at 12:31Pm., from the causes and on the date stated above.
Robert V. Ly den M.D.	Mercy Hosp. 8/1/52
24A. BURIAL, CREMA-14B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town or dunity) (State)
Burias 19/1/1902 1115 UM/M	n un sallo. Olla.
DATE RECEIVED BY LOCAL REGISTRARY SHOWING THE LAWS ME TO THE PROPERTY OF THE P	25. FUNERAL DIRECTOR ADDRESS 322/
	Mrs. Walle N. Williams Deprocher Se
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8397

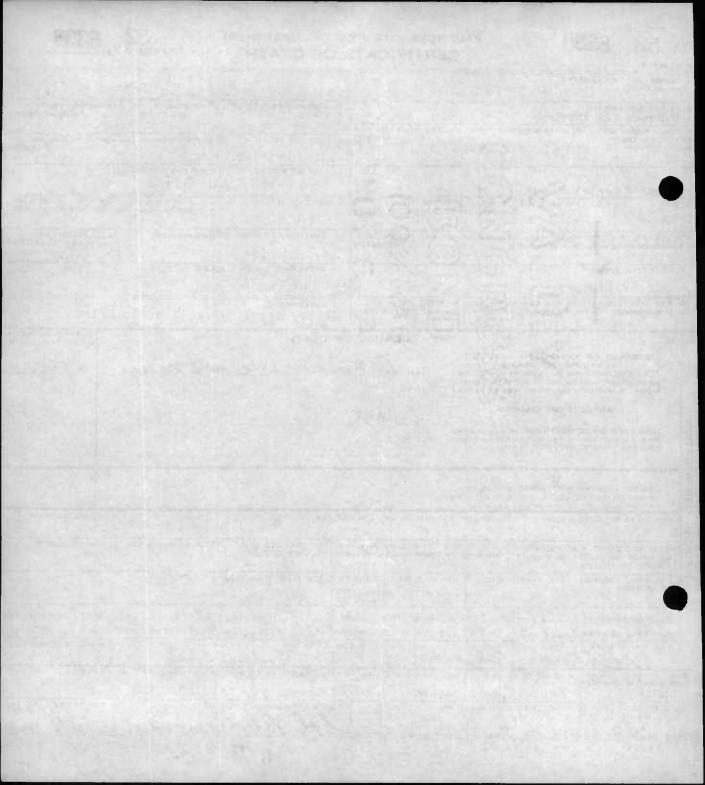
BI	RTH NO.		CERTII ICATI	L OI BEATH		
	NAME OF DECEASED upe or Print)				2. DATE	
	WILLIAM	JM	AENNER		DEATH Sept	18-1952
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (W	here deceased lived If in	stitution: residence before admission)
	FULL NAME OF (If not in hospi	tal or institut	ion, give street address or	ml	D. 000M11	A Deloxe Bullingson)
	OSPITAL OR		location)	C. CITY OR TOWN (If	outside corporate imits,	
1	1) 940 E. 4/st.	17		Baltimore	. 9-	(township)
7			Yrs.	D. STREET ADDRESS (If)	ural, give location)	
C.	ngth of stay in Baltimore	28	Mos. Days	940 E. 4/1+	st.	
5.	SEX 6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years H Un	der 1 Year II Under 24 Hours
2	relea White	2000	ED, DIVORCED (Specify)	man 12 -19/4	ast birthday) Mont	hs Dnys Hours Min.
	A. USUAL OCCUPATION (Give kinds		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 1:	2. CITIZEN OF
WOL	done during most of working life, even if retired	101	INDUSTRY	p1.0. 0		WHAT COUNTRY?
13	. FATHER'S NAME	1 xuy	englined	14. MOTHER'S MAIDEN NA	ME	
	100		Trucking			1
15	. WAS DECEASED EVER IN U. S. ARME	alm.	16. SOCIAL	- Choose M	as dyn	ch
(Ye	, no or nnknown (If yes, give war or dat	es of service)	SECURITY NO.	17. INFORMANT	/ ADI	RESS
_				Catherine n	Laenner.	Luncasabor
-	18. 153X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION		0	1.00		
	(This does not mean the mode	of dying, e. s		eralyed (ar	cometa	Ino.
	heart failure, asthenia, etc. It me injury or complication which			0		
			VA	, , , ,	, 0	
z	ANTECEDENT CAU	525	(B) Car	cinoma of H	e Cecum	
O	DISEASES OR CONDITIONS,		IG		***************************************	***************************************
AT	UNDERLYING CONDITION		HE DUE TO			
FICATION						
Ë	11		_ (C)			
ERTI	OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT					
Ü	TO THE DISEASE OR CONDITIO	N CAUSING	T			
ب	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
EDICA	ZIA. ACCIDENT, SUICIDE,	1 310 PL	CE OF INJURY (e. g., in	of the Ce-Ca	f in Baltimore City, giv	YES NO
ā	HOMICIDE (Specify)		arm, factory, street, office bldg.,		in battimore City, giv	e exact location)
M						
	2 ID. TIME (Month) (Day) (Year		21E. INJURY OCCURR		OCCUR7	
L		m.	WHILE AT NOT WHILE			
	22. I hereby certify that I at	tended the	deceased from	Spril, 1957-100	pt.1-152	that I last saw the
1	deceased alive on Sept 8				ic causes and on the	
13	23A. SIGNATURE		1 2	3B. ADDRESS	0. 1	23c. DATE SIGNED
E	Tabak W D	aka,	A . M. D.	102f / Centreda	e Rd.	9-10-52
2	NA. BURIAL, CREMA- 248, DATE DN, REMOVAL (Specify)	180	4c. NAME OF CEMETE	RY OR CREMATORY 240. CO	CATION (City, town, or	county) (State)
	Bear of fact	10-1950	I Lalu Ro	Le Be	luin Rd.	md.
D		'S SIGNATU	IRE .	25. FUNERAL DIRECTOR	A	DDRESS
1	96 pre 95 1952	1: to	WHI aug M.	D.O. 49 .10	418 1	atera and
=	No 150	maron	THAT ALL THE	your worner	7. 1100	1
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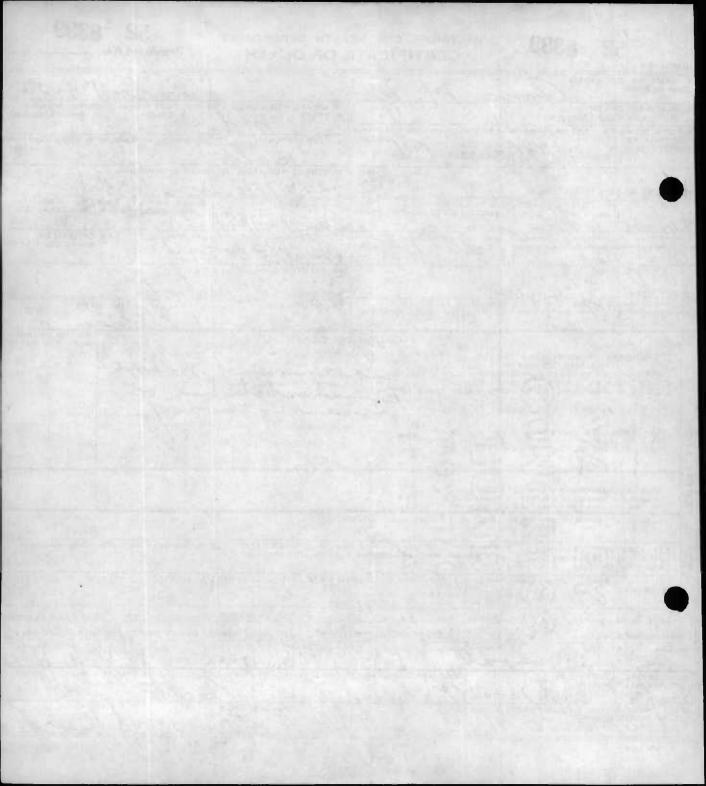
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE September 11,1952 (Type or Print) ILA POLTILOVE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2449 Shirley Ave Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. 2543 ParkHeights Terrace eth of stay in Baltimore Davs B. DATE OF BIRTH 9. AGE (In years | Winder | Year | If Under 24 Hours | Last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) White Female 1876 Midow 10A. USUAL OCCUPATION (Give kind of) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? ork done during most of working life, even if retired) Own Home Russia House Vife U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lazer Winter Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. Harvey Poltilove 3602 Menlo Drive INTERVAL BETWEEN CAUSE OF DEATH 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from Sept 1950, to dest 11 . 1952, that I last saw the deceased alive on left. 9, 1952 and that death occurred at 6:30A m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR TION, REMOVAL (Specify) Baltimore Md Hebre Rosedlee Cemetery Furial ADDRESS/ DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



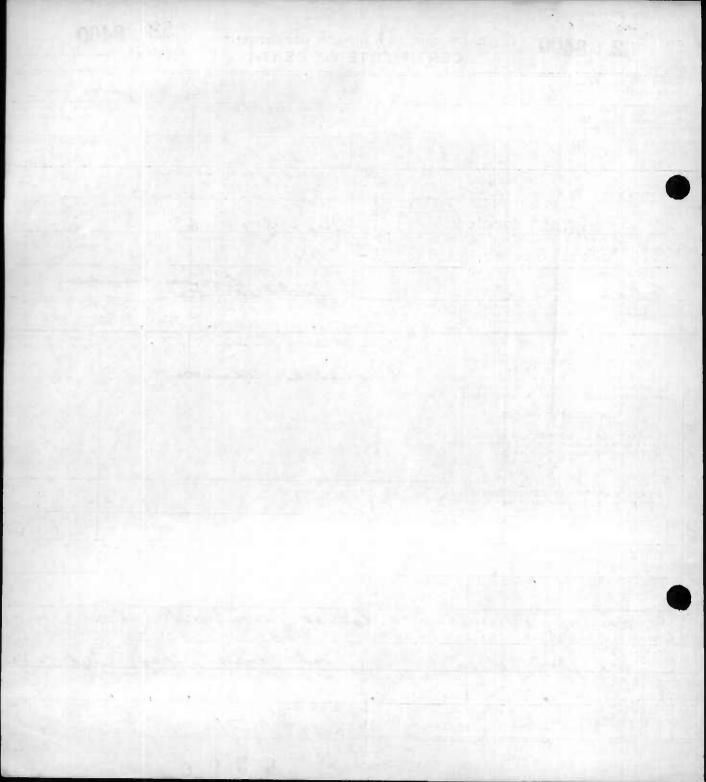
13 - 260 52 8399 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	52 8399 Registered No.
1. NAME OF DECEASED anna M. Meager 2.	DATE OF DEATH Sept. 9-52 deceased lived. It institution: residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 320) Moraria Blocation C. CITY OR TOWN (If outs	B. COUNTY before admission) ide corporate limits, write RURAL and give township)
c. gth of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural Days)	l, give location Blod.
WIDOWED, DIVORCED (Specify)	AGE (in years last birthday) Months: Days Hours Min. In country) 12. CITIZEN OF WHAT COUNTRY?
13. EXTHERS NAME 14. MOTHER'S MAIDEN NAME	101.
15. WAS DECEASED WIR IN U. S. ARMED FORCES? SECURITY NO. 16. SOCIAL SECURITY NO. 17. MIFORMANT SECURITY NO. 17. MIFORMANT MARGINE SECURITY MARGINE SECURITY NO. 17. MIFORMANT MARGINE SECURITY MARG	S. Robinso M.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A)	ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF WHILE AT WORK NOT WHILE AT WORK	CCUR?
22. I hereby certify that I attended the deceased from	auses and on the date stated above.
23A. SIGNATURE M. D. 23B-ADDRESS	TION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIFFECTOR	altr. Mod.
VS 150 Vallaus, M.P. John A. Meller	2334 Jeffrer N



N-	2 4 52	<i>40</i> 8400)
RTH NO			
NAME or P	OF DECE rint)	ASED L.	: 4

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

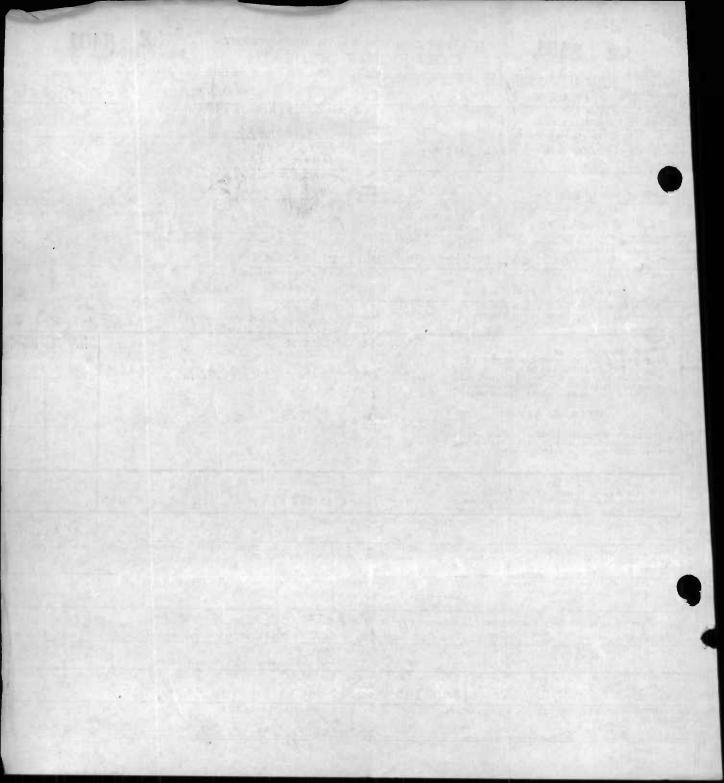
Registered No. 2. DATE OF dsay Nico DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION (If rural, give location) D. STREET ADDRESS Yrs. Mos. ngth of stay in Baltimore Days 9. AGE (In years) H Under 1 Year 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 5. SEX last birthday) Months Days arried 108, KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of Retired School Leacher, Board OT INDUSTR WHAT COUNTRY MAIDEN ME ucation am 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mildred M. Nicol. 2007 0469 INTERVAL BETWEEN CAUSE OF DEATH 260X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? HOMICIDE Ш 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE WHILE AT 196 to Seef 10 , 195 that I last saw the 22. I hereby certify that I attended the deceased from ______ . 19 1 and that death occurred at 8: 10 Am., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 238. ADDRESS 23A. SIGNATURE TION, REMOVA Specify 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Balto. 29. Md. Loudon Pk. ADDRESS 25. BUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S VS 150



BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH

52 8401

CERTIFICAT	E OF DEATH Registered No.
NAME OF DECEASED (Type or Print) HERMAN M. KRAVS	2. DATE OF DEATH SEPT. 10, 1952
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
3. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR UNION MEMORIAL HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALT; more
c. Length of stay in Baltimore 7/	D. STREET ADDRESS (If rural, give location) 1401 KINGSWAY RD. 27-09
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year U Under 24 Rous
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired). No Ne Retired, Heating Contract	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JULANN KRAUS	14. MOTHER'S MAIDEN NAME ANNA NEUTZER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS. ZIEGLER 28E.MT. VERNON
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	CIOSCLEROTIC HEART DISEASE MERALIZED ARTERIOSCLEROSIS IS N PROSTATIC LYPERTROPHY
TO THE DISFASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! WHILE AT WORK AT WORK	E
deceased alive on 9-/0-52 19 and that death occur	-9-52, 19, to 9-10-5, 19, that I last saw th urred at 5 cm., from the causes and on the date stated above
23A. SIGNATURY S. R. Siely mo M.D.	23B. ADDRESS Which Memerial 9-10-52
24A. BURIAL, CREMA: 24B. DATE 10N. REMOVAL (Specify) 9/13/52 Woodlawn Ce	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Harry H. Cuity 4101 Commender
VS 150	ane



BALTIMORE CITY HEALTH DEPA CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE. (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 3036 Chester (If rural, give location) Yrs. D. STREET ADDRESS Mos. hgth of stay in Baltimore Davs 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH AGE (in years | M Under | Yeer | M Under 24 Hours last birgaday) Months; Days Hours; Min. If Under 24 Hours WIDOWED DIVORCED (Specify) Maw. 108. KIND OF BUSINESS OR 10A USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 45' A 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN M. S. ARMED FORCEST (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

YES (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT

WORK

AT WORK 22. I hereby eertify that A attended the deceased from_

21F. HOW DID INJURY OCCUR?

192 that I last saw the 2m., from the dauses and on the date stated above.

23A. SLENATURE 24A. BURIAL, CREMA, TON, REMOVAL IS DECITAL

REGISTRAR'S SIGNATURE

190 - and that death occurred at 6.30

23c, DATE SIGNED

recerron ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR VS 150

/ INJURY

deceased alive on.

25 FUNERAL DIRECTOR

1. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No 8403

2. DATE

(Type or Print) Francis Joseph Nemetz 4. USUAL RESIDENCE (Where deceased lived. If institution: residence DEATH OFDT. 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate Imits write BULAL and give INSTITUTION Baltimore City 1813 Linden Avenue D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. bength of stay in Baltimore 1813 Linden Avenue 13 Yrs. Dave 8. DATE OF BIRTH 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years last birthday) Months; Days | Hours | Min. Married White July 4, 1907 Male 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bethlehem Steel Austria 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shippyand John Nemetz Rose 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)
(If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Joy Reader Nemetz 1813 Linden INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH TARCINOMA - TUNG .- B DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL MARCH-15-1452 21B. PLACE OF INJURY (e. g., In or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE 22. I hereby certify that I attended the deceased from JAN 10, 1951, to SEPT. 10, 1952, that I last saw the 110 1952, and that death occurred at 930An., from the causes and on the date stated above. deceased alive on 7 23c. DATE SIGNED 234. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Baltimore County, Maryland Woodlawn Cemetery Sept. 12,1952 Burial 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Hurtington J. O. Mitchell &Sons Inc. 1900 Eutew Place VS 150 85 B4 C Balto. 17. Md.

Ediner Den Den de Letter - Letter francisco fortes de la constitución College to be become party of the college party and the college of CONTRACTOR OF THE PARTY OF THE

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of

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

442× Registred No8404

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	. 1
(a) Baltimore City, Maryland	(a) State Ma. (b) County 1	01
(b) Street address 1019 Somerset St.	(c) City or town Ba 140.	
Hospital or institution:	(If outside city or town limits, write RUR.	AL and give town
	(d) Street No. 1019 Somerset	St
d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?	(Yes or No
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	
3 (a) FULL NAME Walter Irvin	THE STREET OF THE STREET, STRE	CBL Page
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No. 2/8-07-0557	20. DATE OF DEATH Seplember 19	Nat 1:051
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above sta	
M divorced. Single	ed deceased from D Line 19 JY to Sef	
6 (b) Name of husband or wife	and that I last saw h 1/11 alive on 9 3	195
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) 1900	Cardeoras cular	
8. AGE: Years Months Days If less than one day	reval deserve	RIMONI
57 hrmin.	Due to Hyper (en sen)	
9. Buthplace Union Co. Monroe, N. C.	J	
(Town, county, and state)	Due to	
10. Usual Occupation 11. Industry or business Hotel work	Oil C 1:	
	Other Conditions	
12. Name V. Latrick Walker	(Include pregnancy within 3 months of death)	PHYSICIAN
2 13. Birthplace N. C.	Date of operation	Underline th
14. Maiden Name Mary Walker	Major findings of operation:	cause to whice death should b
15. Birthplace //.	of autopsy:	charged statis
(a) Informant Mr. Mack Walker	22. If death was due to external causes, fill in the f	
(b) Address 906 Coats St. Coatsville, Pa.	(a) Accident, suicide, or homicide	
0 1 1 2	(b) Date of occurrence	
7 (a) Gurial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	***************************************
(c) Cemetery or crematory	(City or town) (Cou (d) Did injury occur about home, on farm, industria	inty) (State)
Location Manrae, N.C.	place?	
18 (a) Funeral director C. P. Waw		
(b) Address 802 Madison Ave.	(e) Means of injury Bey. M	1588
19 (a) Date ref a by registrar in ting ton Williams in the	Address 121 aisfiell Date sign	M/B./
VS 150 690 87	3	11
V 4		

INSTRUCTIONS FOR MEDICAL CERTIFICATION

BALL ONDS IS THE PARTY DEPARTMENT

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

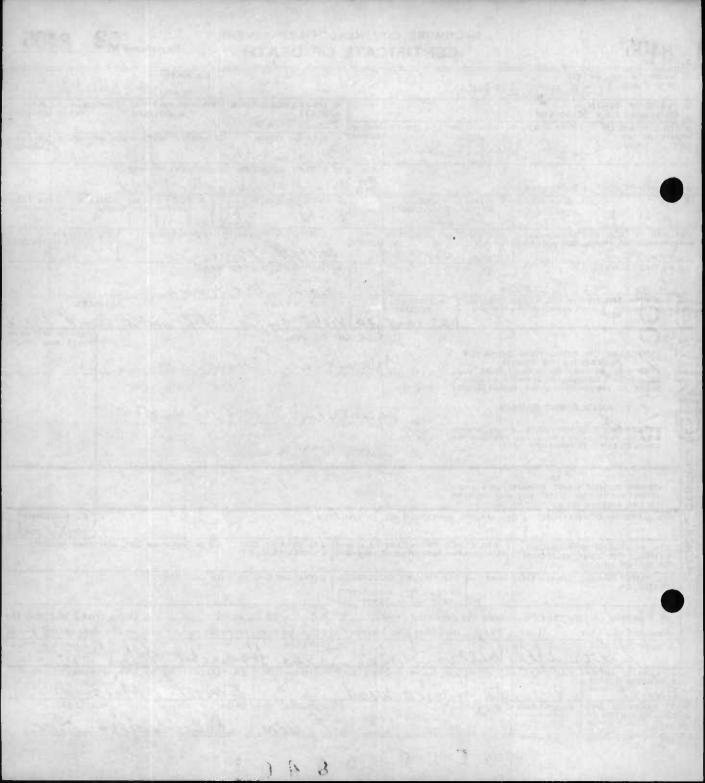
If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

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	RTH NO.				OLIVIII 10/V	-					
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	STITUTION	Sina	it	lospi			baltimor				township)
0	eth of s	stav in Balti	more		Yrs Mod Day	B. 16	11 0	ess (III	ural, give location	7	
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Z			7								YES NO
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24 TIC	N. REMOVAL	CREMA- 24B. Specify)	DATE	4-0	24C. NAME OF CEME	TERY	OR CREMATORY	24D.LO	CATION (City, Co	Wn, or cou	inty) (State)
D	DUTIAL ATE RECEIVE	D BY REG	ISTRAR	S SIGNAT	TURE!	25	. FUNERAL DIF	RECTOR	rell 1 /4	ADD	RESS
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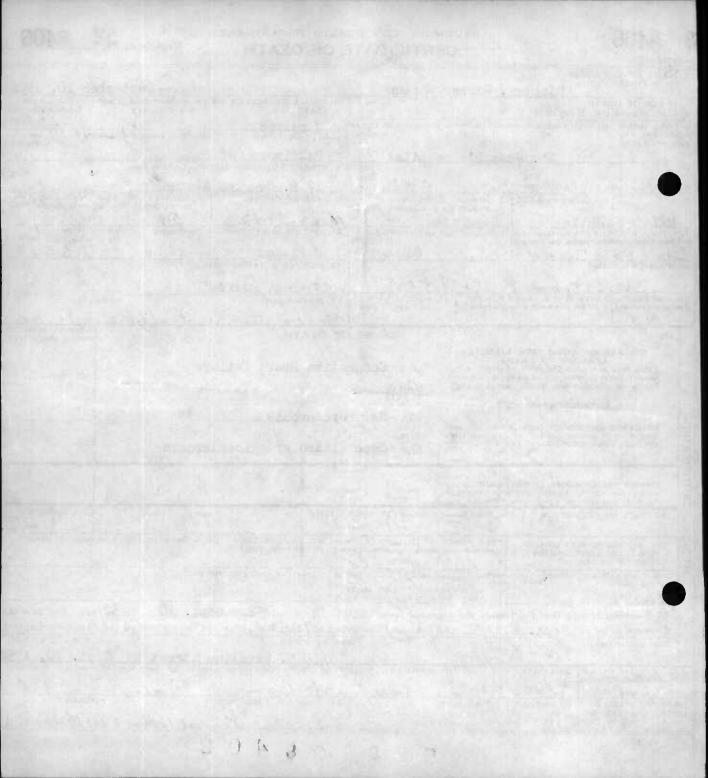
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH September 10, 1952 Richter, Warner Marion 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in bospital or institution, give street address or B. FULL NAME OF demore Maryland HOSPITAL OR C. CITY OR TOWN (If outside eorporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Baltimore p. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore 17 E. Overlea 5 WKS Days Avenue 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | ff Under | Vear | ff Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) 10V.9-1892 Male White Separa ted 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY during most of working life, even if retired) PrintMan ai Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive Heart failure (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Nephrosclerosis FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Generalized arteriosclerosis FH OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION DICAL NO X YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from August 4 1952, to Sept. 10 _, 19 52 that I last saw the deceased alive on Sept. 10 19 52, and that death occurred at 7:45 2m., from the causes and on the date stated above.

	23A. SIGNATURE	DI A	111		23B. ADDRESS		23c. DATE	SIGNE
		2. 0. K		M. M.D.	11.00 N. Ca	roline Street	Sept. 10), 19
2	4A. BURIAL, CREMA-	24B. DATE	6/1/2	AC. NAME OF CEME	TERY OR CREMATORY	24D. LOCATION (City,	town, or county)	(State
TIC	ON REMOVAL (Specify)	- 1	1	4	, a)			

DATE RECEIVED BY

Lung alun Turned Horne 7401 Belain Pe

LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT

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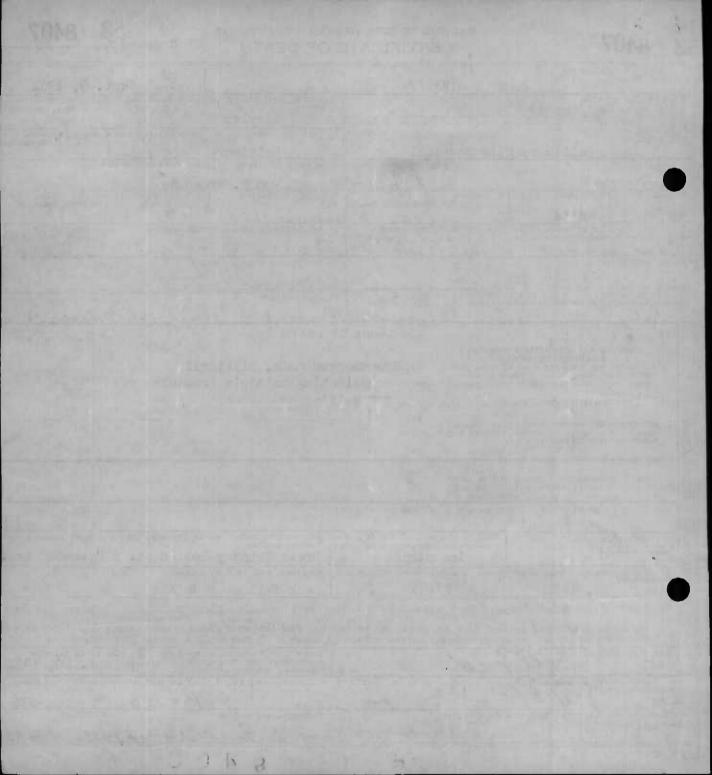
BIRTH	No.			CERTIFICAT	E OF DEAT	H	Regist	tered No	
1. NAM (Type or	E OF DECI		OHN	SIEBERT			2. DATE OF DEATH	Sept.	9, 1952
	imore City	H: . Maryland			4. USUAL RESID	ENCE (W	here deceased l	lived. If insti	
	NAME OF		spital or insti	tution, give street address o location		yland N (If (outside corpora	e Jimits (W	ite R JRAL and giv
100		Baltimore	City F	Mospitels	Bal	timore	4		township
				Yrs. Mos.	D. STREET ADDR	RESS (If r	ural, give loca	tion)	
5, SEX		in Baltimore		Life Days			padway		
male		white		GLE, MARRIED.	8. DATE OF BIRT	101	9. AGE (In y last birthd		Days Hours Min.
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13. FA1	HER'S NAM) (,	, /	14. MOTHER'S M	AIDEN NA	ME		1/
15 WAS	adk.	J. Die	ber	+	Lillian	· Vsi	~Ng		
(Yes, no or	unknown)	VER IN U.S. AR If yes, give war or o	lates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	10	//	ADDR	ESS
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18.		. 3 ,			OF DEATH				ONSET AND DEATH
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in	njury or cor	nplication which	h caused de	ath.) - BUE-TO COMPL	icating mult	_	ractures	of	
	AN	TECEDENT CA	USES	extre	nities and t	runk			
ZD	ISEASES O	R CONDITIONS	6, IF ANY, GI	VING (B)		****************	***************	******************	***************************************
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8				(C)					
RTIFICA	THER SIGN	II IIFICANT CON	IDITIONS (20N					
THE T	RIBUTING TO	THE DEATH, BE	UT NOT REL	ATED					
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EDICAL MALO MALO MALO MALO MALO MALO MALO MA	EXTERNAL	CAUSE WAS	21B. F	LACE OF INJURY (e. g., ne, farm, factory, street, office bldg.,	etc.) INJURY OCCU		in Baltimore	City, give	exact location)
1 37K	NG CAU	CAUSE WAS A OR CONTRI SE OF DEAT	Н.	industrial			Boston S	t. & La	akewood Ave
∑ 21D.		th) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	NJURY	OCCUR?		
	NJURY gust 26	, 1952	m.	WHILE AT NOT WHILE	Rack fel	l over	on him		
22.	I certify t	hat I took ch	arge of tl	ne remains described	above, held an _		opsy	th	iereon and from
	the eviden	ce obtained to in my opinio	by said Ar	utopsy, Inspection or l from: natural cause	Inquiry, find that s [], accident [].	t said dec	nspection or Inceased died. , homicide	on the de	ay stated above termined □.
23A.	SIGNATUR	E RI	Fr	ber ,	238, CHIEF M ASSISTANT M 1.D. MEDICAL INV	EDICAL EX EDICAL EX ESTIGATO	XAMINER	23c. D. Sept	t. 10, 1952
24A. BI	URIAL, CREM MOVAL (Speci	AA- 24B. DATE	/	24C. NAME OF CEMETE				v, town, or ec	ounty) (State)
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) A	2 8409		BALTIMORE CITY HE CERTIFICATION		Registered	52 8409		
(7	NAME OF DEC	Mr. Hen:	Dry Eidman, Jr.	N	2. DATE OF DEATH	9-10-52		
B. H	PLACE OF DEA Baltimore Cit FULL NAME O OSPITAL OR ISTITUTION	ty, Maryland E F (If not in hospit	Baltimore Md. alor institution, give street address or location)	4. USUAL RESIDENCE (VA. STATE Maryland C. CITY OR TOWN (If	B. COUNTY	If institution: residence before admission) inits, write RURAL and give township)		
с.	Ogth of sta	St. Agnes I	77s. Mos. Days	Baltimore D. STREET ADDRESS (If 5412 Addington		township)		
	sex e	White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-1 -1893	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.		
1C wor	A. USUAL OCCI kdoneduring most of v Grain Bus	UPATION (Give kind of working life, even if retired) INESS	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	VHAT COUNTRY?		
13	Henry DI		(h)	14. MOTHER'S MAIDEN NAME Elizabeth Smith				
(Ye	5. WAS DECEASED	EVER IN U. S. ARMED (If yes, give war or date	of service) 16. SOCIAL SECURITY NO 218-32-3279	Mrs.Margaret L. Eidman 5412 Adding to				
ERTIFICATION	(This does n heart failure injury or continuity or continu	OR CONDITION LEADING TO DEAT not mean the mode o , asthenia, etc. It mea- complication which c NTECEDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA	DIRECTLY TH f dying, e. g., ns the disease, aused death.) ES F ANY, GIVING STATING THE DUE TO	of DEATH played Fe	stula plagu	INTERVAL BETWEEN ONSET AND DEATH 3 Wells		
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deceased alive on and that death occurred at

from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Pikesville, Burial Druid Ridge Md. 9-13-1952 DATE RECEIVED BY REGISTRAR'S SIGNATURE G. Howard Strong 3207 W. North Ave.,

5 5 2690.67 VS 150

The state of the s · continued teath) 1

A	160	CE	RTIFICA	ATE CORRECT	LU 9-16-52	5/ 5/	2 8410	
V	52 8410 BALTIMORE CITY HEALTH DEPARTMENT							
В	CERTIFICATE OF DEATH Registered No.							
1. (T	NAME OF D	ECEASED 2	lewel	um Rober	ta	2. DATE OF DEATH	b.11,1952	
	Baltimore C	EATH: City, Maryland	9226		4. USUAL RESIDENCE (V	There deceased lived.	If istitution: residence before admission)	
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospi		ion, give street address or location)	c, CITY OR TOWN (If	outside corporate lim	its, write RURAL and give township)	
(ength of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRAGE (If	rural, give location)	6200	
5.	male	6.COLOR DE RACE	7. SINGLE	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Min.	
worl	A. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	. FATHER'S N	IAME		TRANS.	14. MOTHER'S MAIDEN N.	AME		
	avid D.			1	Mary E. Thomas			
(Ye	No	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO. 219-07-0334	JOHNS HO	PKINS HOSPITA	ADDRESS	
	18. 600	, 0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEAS	E OR CONDITION		Carola	al Hamulacia	con soole	1 211/1-1	
	heart failu	not mean the mode re, asthenia, etc. It me	of dying, e. g ans the diseas		al thrombosis,	305 peck	24 113	
		complication which						
Z		ANTECEDENT CAU		(B) Chron	ic pyelone	phritis	Many years	
TIO	RISE TO T	OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L	STATING TH	HE DUE TO	ic Osteomyelit	-15	26-214	
CA				(c) Chroni	ie osteomyerri	12	30 913	
ERTIFICATION		II IGNIFICANT COND TO THE DEATH, BUT						
ਹ		SEASE OR CONDITION		T. FINDINGS OF OPER	ATION		20. AUTOPSY7	
AL	IONI PATE O	2/	100.11110011				YES NO	
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City	, give exact location)	
Σ	21D. TIME ((Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI		Y OCCUR?	METER ATTEN	
L			m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I at		deceased from	1 10 1952 to		5 that I last saw the the date stated above.	
	23A. SIGNAT		(0		38. ADDRESS		23c. DATE SIGNED	
-2.	AA. BURIAL, C	CREMA-V 24B. DATE	- The	E4C. NAME OF CEMETE	JOHNS HOPKINS RY OR CREMATORY 24D. L	OCATION (City, tow	9-11-52 n, or county) (State)	
TI	N. REMOVAL (S	pecify)	1774	Platin	ille Do	etar ou	orb De	
	ATE RECEIVE		S SIGNATI	JRE M.P.	25 FUNERAL DIRECTOR	Harbin	ADDRESS PO	
=	730	The Large	01.71	EALPHAN ; "	1	2		
	VS.150	chi Ex 0	Kele	50640 1868	3/6 petal			

There is in Document File 52.6/10 an autorsy report which r. Silverran, Director, Pursau of Tuberculosis reviewed and in her opinion chronic py lone phritis robably was underlying with chronic osteom elitis rearded as in Part II.

10/2/52 IS

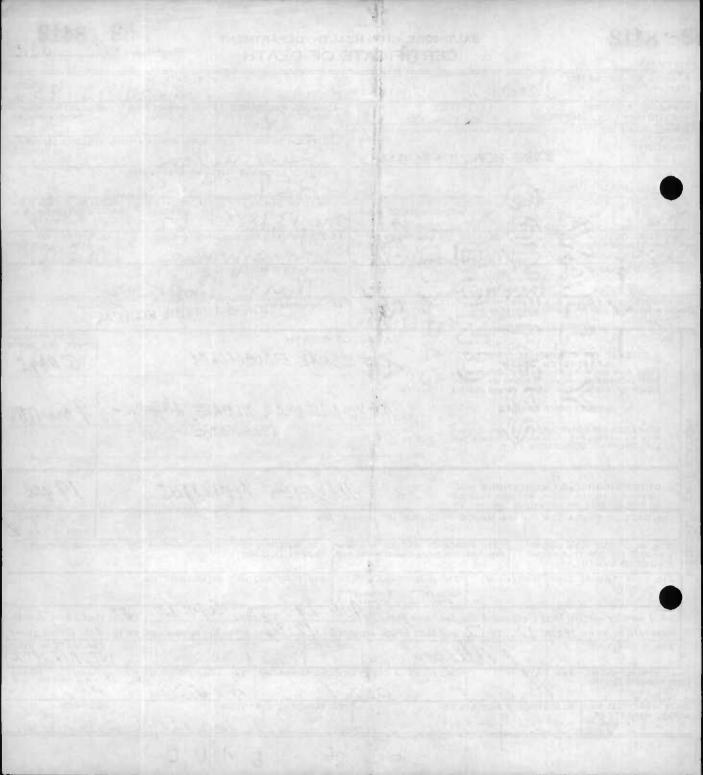
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

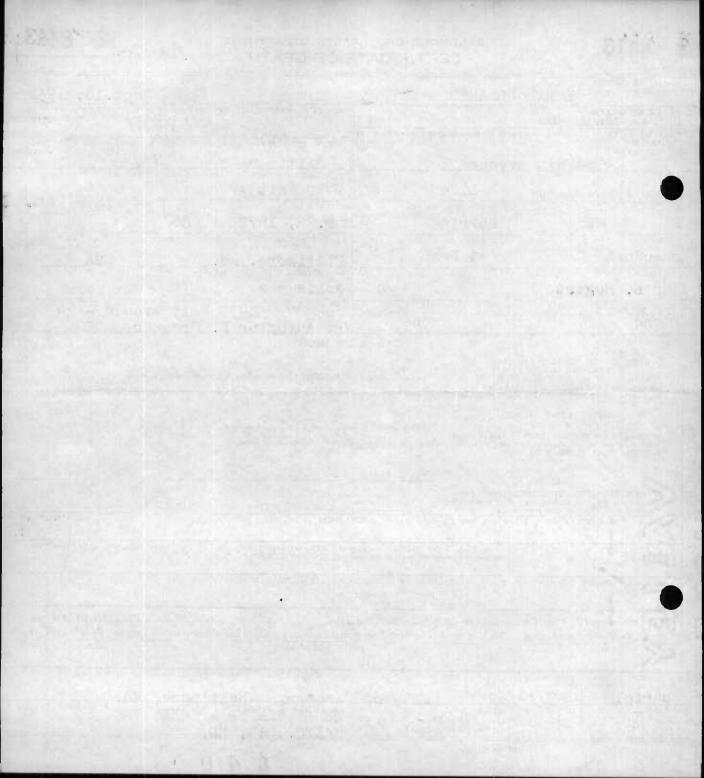
Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Sept -- 11-1952 William Harner 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) Baltimore 340 West Preston Street D. STREET ADDRESS (If rural, give location) Yrs. Mos. 340 West Preston Street igth of stay in Baltimore 13 Months Days If Under 1 Year 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months; Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Mar. 5.1876 Col. Married 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) Shelby N.C. Genera. Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unkown Faul Harper 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Preston St Venna Harner 340 w. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICA 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 218, PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JD. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT 22. I hereby certify that I attended the deceased from July 25, 1952 to Seper 11, 195 2that I last saw the 10 1952, and that death occurred at 2 a. m., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Shelby 9/14/1952 Cemetary NEUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25 DATE RECEIVED BY

2	28412 RTH NO.				EALTH DEPARTM E OF DEATH	1/ -	52 Registered No	8412
1.	NAME OF DECE ype or Print)	ASED QUE	200	+ NJane	bins	2. DA	FXah	121959
3. A.	PLACE OF DEAT Baltimore City	H: , Maryland	11	al 6	4. USUAL REGIDEN	CE (Where dec	eased lived of in	stitution: residence before admission)
H	FULL NAME OF DSPITAL OR STITUTION			on, give street address or location) S HOSPITAL	c. CITY OR TOWN	(If outside o	corporate limits,	write RURAL and give township)
c.	gth of stay	in Baltimore	71011111	Yrs. Mos. Days	D. STREET ADDRES	s (If gral, give	ve location)	
^	male "	White	WIDOW	MARRIED, ED, DIVORCED (Specify)	May 13, 18	85 L	birthday) Mont	der 1 Year If Under 24 Hours has Days Hours Min.
worl	Sold most of wor	van	merce 108. KIND	OF BUSINESS OR INDUSTRY	James)	te or foreign co	untry) 1	2. CITIZEN OF WHAT COUNTRY!
	FATHER SNAM	- Stav	him	(1)	14. MOTHER'S MAID	Bor	wer	
(Ye	. WAS DECEASED E	VER IN U. S. ARMEI If yes, give war or date		16. SOCIAL SECURITY NO. 068-07-8982	17. INFORMANTOH	NS HOPKII	NS HOSPITA	DRESS
	(This does not heart failure, a	OR CONDITION ADING TO DEA i mean the mode of sthenia, etc. It mes application which	TH f dying, e.g. ns the disease	(A)	of death SBRAL EMB	ol/sm		INTERVAL BETWEEN ONSET AND DEATH
CATION	DISEASES OF	TECEDENT CAUS R CONDITIONS, I ABOVE CAUSE (A) G CONDITION LA	F ANY, GIVING	(B)	o-VASCULAR DI SCLE	ROTIC	PRIERIO-	9 MONTHS
CERTIFICA	TRIBUTING TO	II IIFICANT CONDI THE DEATH, BUT SE OR CONDITION	NOT RELATED		DIABETES I	HELLITE	NS .	1948
	19A. DATE OF C	PERATION O	9B, MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
MEDICAL	21A. ACCIDENT LYING OR CO CAUSE OF DEA	ONTRIBUTING		CE OF INJURY (e. g., i arm,factory,street,office bldg.,			timore City, giv	re exact location)
2	21D. TIME (Mor	nth) (Day) (Year		HILE AT NOT WHILE WORK AT WORK		NJURY OCCU	R?	
	22. I hereby co	ertify that I at	ended the	deceased from A	114. Lt 1952	to the same		that I last saw the
	23A. SIGNATUR		Pille		23B. ADDRESS OHNS H	OPKINS HO	SPITAL	date stated above. 22c. DATE SIGNED SEDT. 12.1452
2. Th	REMOVAL (Speci	fy) 248. DATE	52- 2	2. O, C	0	Mailin	N (City, town, a	Par (State)
DI	ATE RECEIVED B	Y REGISTRAR	S SIGNATU	NII:	25. FUNERAL DIRECT	Inc. 12	217 37.	Paul st.
	VS 150		0	1 4 49 50	60108	40	G	



52 8413

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) FIMMA CREAMER DEATH Sept. 10, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits avrice RUKAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) 2430 Fait Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 2430 Fait Avenue gth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 5. SEX Mar.22, 1872 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Hagert Annie 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 2430 Fait Avenueress 24 SECURITY NO. Augustus F. Creamer INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Cleronic cardio: vascular klud daisan (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It mcans the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) Leursly actuinoch ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE delever Shypertermon RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) Ш 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) INJURY , 1952, that I last saw the 22. I hereby certify that I attended the deceased from Man deceased alive on well 9 ___ 1952 and that death occurred at m., from the causes and on the date stated above. 23C DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24c. NAME of CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Parkwood Cemetery burial Baltimore, Md. ER & SONS, INC. ADDRESS DATE RECEIVED BY LOCAL REGISTRAR usus. M: untington VS 150



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52	84	14

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 8414

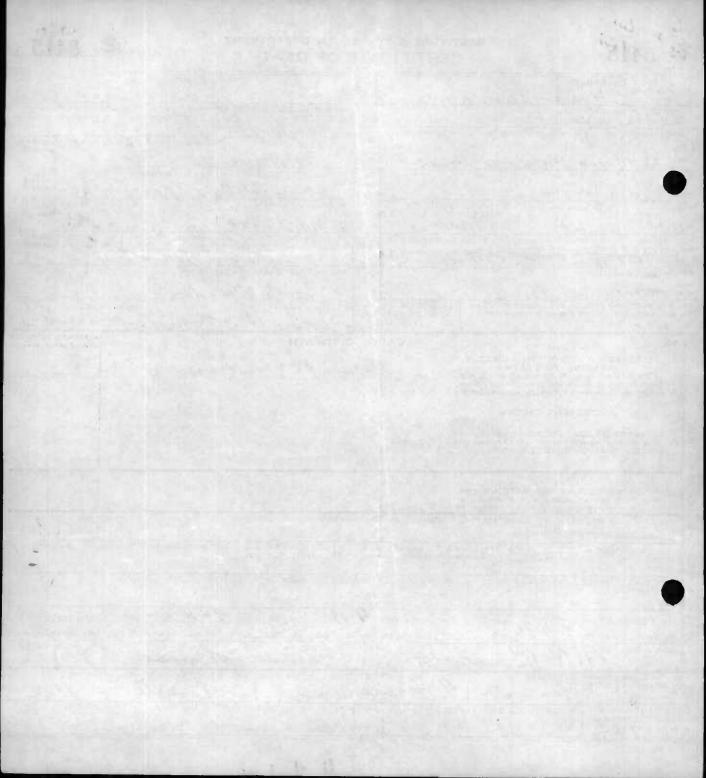
CERTIFICATI	E OF BEATTI		
BIRTH NO.	La DATE		
1. NAME OF DECEASED TELVIN Shulm	AN OF DEATH SEPT-11-1952		
s. PLACE OF DEATH: A. Baltimore City, Maryland 5713 RUBIN AUE	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location)	CITY OR TOWN (If outside corporate limits, white BURAL and give		
INSTITUTION	Ba 470. 1 27-19 township)		
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)		
c. 19th of stay in Baltimore Days			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	O. DATE OF BILLIA		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
ork done during most of working life even if retired) INDUSTRY	12 alts		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Harry Shulman	Mella		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or naknown) (15 or, give war or dates of service) SECURITY NO.	17. INFORMANT, ADDRESS ADDRESS OF THE STATE		
1/18. CAUSE	OF DEATH INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	, , , , , , , , , , , , , , , , , , , ,		
(This does not mean the mode of dying, e.g., (A)			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
(C)			
U			
OTHER SIGNIFICANT CONDITIONS CON-			
TO THE DISEASE OR CONDITION CAUSING IT.	PATION 20, AUTOPSY?		
1 301 00 0 18 0 1	RATION YES NO L		
21A. ACCIDENT WAS UNDER. 21B. PLACE OF (NJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)			
E OVER OF BENTI			
2 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR			
m. WORK AT WORK			
22. I hereby certify that I attended the deceased from	urred at \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
deceased alive on 11, 19 3 and that death occur	238. ADDRESS 239. DATE SIGNED		
And Strys M.O.	TERY OR GREMATORY 24D. LOCATION (City, town, or county) (State)		
TION REMOVAL (Specify)	TERY OR GREMATORY 24D. LOCATION (City, town, or county) (State)		
14 -12 -12 / Call	0110		
NO CONTRACTOR OF THE PROPERTY	25. FUNERAL DIRECTOR ADDRESS OF		
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuntington Williams, M. P.	25. FUNERAL DIRECTOR ADDRESS PLACE LEVELS THE Z (00 Cutaw Pl		

632

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 8415

BIRTH NO.							
1. NAME OF DECEASED (Type or Print)	. ,		2. DATE				
3. PLACE OF DEATH:	WILE	A UCUAL DECIDENCE (V	DEATH //	ept 1452			
A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE	B. COUNTY	before admission)			
B. FULL NAME OF (If not in hospital or institution, give str HOSPITAL OR	3	Maryland		-10			
INSTITUTION		C. CITY OR TOWN (If	outside corporate limit	s, write R RAL and give township)			
Union Memorial Hospit	as	13altimore	15				
	Yrs. Mos.	STREET ADDRESS (If					
c. Length of stay in Baltimore	Days	4046 W.C.	old Spring				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVO		. DATE OF BIRTH	9. AGE (In year) Mo	onths: Days Hours: Min.			
M) W Married		8 March 1908	44				
10A. USUAL OCCUPATION (Give kind of NOB. KIND OF BUSI work done during most of working life, even if retired)	INESS OR 1	1. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?			
Pharmacist Pharmac	ALT PROPERTY OF THE PARTY.	Baltimore	Md.	H.S.A.			
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	AME				
Harry Kurtzwile		5/17aboth Wais	stein	/			
15. WAS DECEASED EVER IN U. S. RMED FORCES? 16. SOC		1. INFORMANT		DDRESS			
(Yes, no or nnknown) (If yes, give war or dates of service) SEC	URITY NO.	Mloria Kuri	to 11-00-	Lame			
110 //	CAUSE OF	DEATH	WWW.	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	CAUSE	DEATH	1	ONSET AND DEATH			
LEADING TO DEATH	Whan	matic Heart	Disa	2			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	71 1004	majo Near	viocase				
injury or complication which caused death.) DUE	то						
ANTECEDENT CAUSES	ANTECEDENT CAUSES						
Z O DISEASES OR CONDITIONS, IF ANY, GIVING (B)	(B)						
RISE TO THE ABOVE CAUSE (A) STATING THE OUE	то						
UNDERLYING CONDITION LAST.)	***************************************	0************************************				
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED							
, 19a. DATE OF OPERATION A 19b. MAJOR FINDING	S OF OPERAT	ION		20. AUTOPSY?			
				YES NO			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF IN			f in Baltimore City,				
CAUSE OF DEATH	street, office bldg., etc.)	INJURY OCCUR?					
p. TIME (Month) (Day) (Year) (Hour) 21E. INJU	RY OCCURRED	21F. HOW DID INJURY	OCCUR?				
m. WHILE AT WORK	NOT WHILE						
22. I hereby certify that I attended the deceased	from 8-1	3-52 19 to 9	-11-52 19	, that I last saw the			
0 11-62	death occurre	. ///		he date stated above.			
23A. SIGNATURE		. ADDRESS	te cuases una on ti	23c. DATE SIGNED			
13.18. (15 wils m	P M. D.	Union M.	enamil	8-11-52			
244. BURIAL, CREMA- 248. DATE 24C NAMI			OCATION (City, town,	or county) (State)			
TION, REMOVAL (Specify) 9-12-4- //	- Caru	ual	Halto	1 Ald			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	V3	5. FUNERAL DIRECTOR	k	ADDRESS 0			
LOCAL REGISTRAR H 4: + MIII	113/	LOK LOUS NO	3 2100 6	estand 16			
JEP 1/ 1976 Innlygion / Sheare	W. M.	The state of the	~				
VS 150	mokal						
	0 1361	8 4 1					

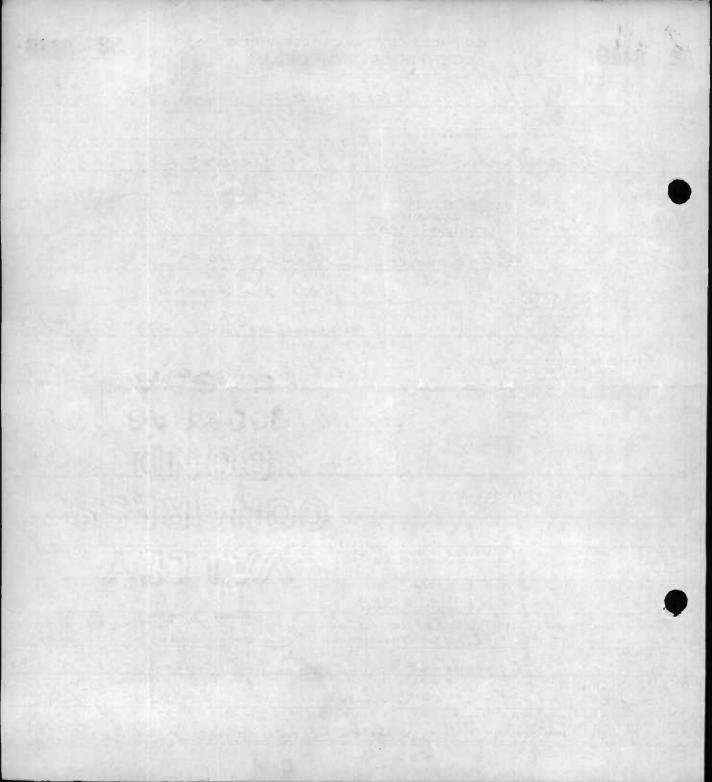


52 8416

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 8416

BIRTH NO.	
1. NAME OF DECEASED My. Philip Gli	Kman 2. DATE 9-11-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
Devudale Levudale	Caltimore 77-1 1 (waship)
Yrs.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	18. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
hales white widowed (Specify)	last hirthday) Months Days Hours Min.
10A/USUAL OCCUPATION (Give kind of ork kind of business or industry most of working life, even if retired)	11. BIRTH LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
not known	not known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT ADDRESS ADDRESS
	Januel True 2707 Talkot Rd
18. 33/X CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	bral hemourhage I days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES Cores	hol exterios olerosis years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B)	A s = a
UNDERLYING CONDITION LAST. (C) Yeur	nal Alexios clerosis year
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINIS 19B. MAJOR F	RATION 20. AUTOPSY?
D and a secure who was a Late Place of IN Way (YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WORK AT WORK	
deceased alive on 2 - 11. 1952, and that death occu	-11 1951, to 9-11-, 1952 that I last saw the rred at 7'5 a.m., from the causes and on the date stated above.
23A. SIGNATURE	23B ADDRESS 23C. DATE SIGNED
SCrane J. Munible M. D. C. 24A. BURIAL, CREMA VAB. DATE 24C. NA DE OF CEMETE	RY OR CREMATORY 24D. LOCADON (City, town, or county) (State)
TION DEMOVAL (Specify) 9-12-52 Rosed	ale Parto Ma.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
SEP 12 1952 Muntington Williams, M.P.	tall fewis one 2100 Gutan 10
VS 150	



-4	55
52	8417
BIRTH	NO.

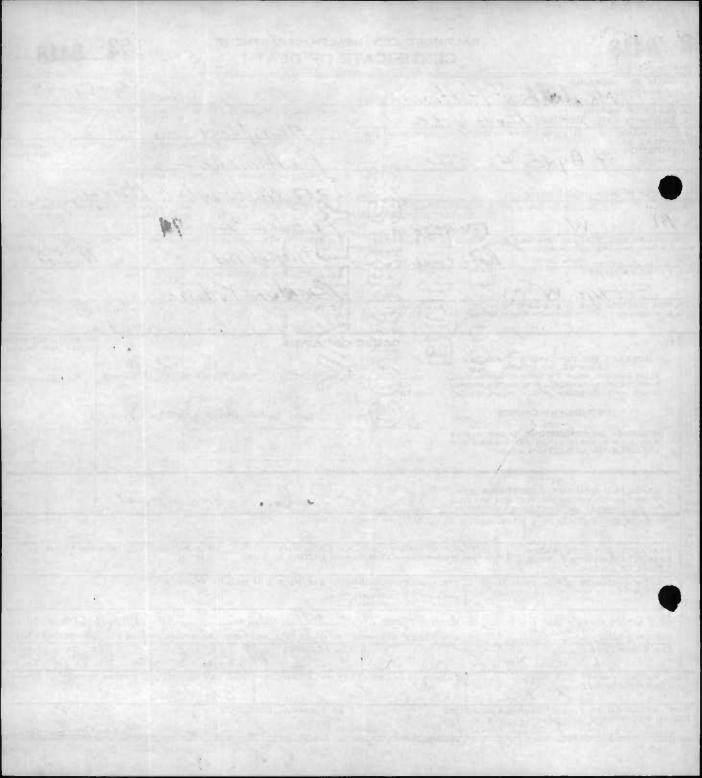
52 8417 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	8417
BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF OF OF OF OF OF OF OF OF O	11195
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY DEATH WITH DEATH A. USUAL RESIDENCE (Where deceased lived, If institute and insti	tution: residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY R TOWN (If outside corporate limits, William of the corporate limits of the corp	
Yrs. D. STREET ADDRESS (If rural, give location)	township
congth of stay in Baltimore 47 Days 3805 Sequois 1	we
5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last by thiday) Months	
work at the during most of working life, every if retired) INDUSTRY	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14 NOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17 INFORMANT // ADDR	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Harry Shellswar - 9	Laure
18. 4771 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ARERIOSCIEROTIC	1 Morith
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Callo Vascellar Disease	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
(C)	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
V I say PLACE OF INJURY (I say also WHERE DID (If in Political City wine)	YES NO
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) LYING OF DEATH About home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
m. WORK AT WORK	at I last saw th
deceased alive on 9/11, 19 5 and that death occurred at 3Q. m., from the causes and on the d	ate stated above
(c) Bes M Himpeland Mo. M.O. 1801 Eu taw (P).	1/11/52
24%. BURIAL, CREMA 24B. DATE 124C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or company) REMOVAL (Specify)	The State)
Date received by REGISTRAR'S SIGNATURE (25. FUNERAL DIRECTOR) LOCAL REGISTRAR CED 1 2 1952 Huntington William William Local Received Z100 Get	DRESS PL
VS 150	
" 200008413	

Howelf Control & S

2/55
BIRTH NO.

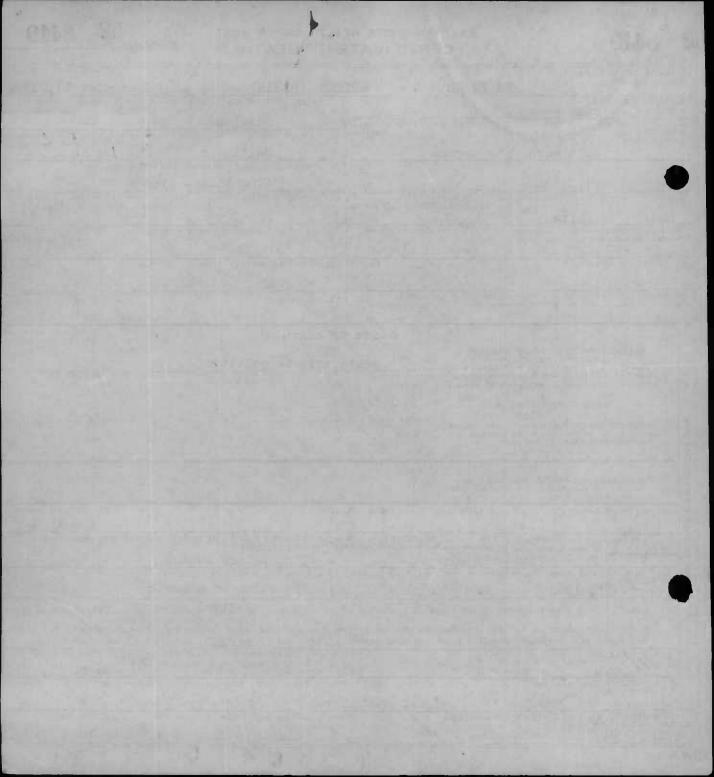
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Ro. 8418

BIRTH NO.		E OF BEATTI		
1. NAME OF DECEASED (Type or Print)	at Hoffman	E	2. DATE OF DEATH	7-10-52
3. PLACE OF DEATH: A. Baltimore City, Maryland	30Himore	A. USUAL RESIDENCE (W)	nere deceased lived, I B. COUNTY	f institution: residence before admission)
HOSPITAL OR	al or institution, give street address or location)		utside corporate limi	ts, write RURAL and give
St. Agnes	Hospital Yrs.	D. STREET ADDRESS (If re	ural, give location)	5200
c. ogth of stay in Baltimore	Mos. Days	6817 Washing	aton B	lod,
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTHS		il Under I Year on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
13. FATHER'S NAME	Refired Business	- I surgiaria		WHAT COUNTRY?
GRACIE W		14. MOTHER'S MAIDEN NA	ME L'	
15. WAS DECEASED EVER IN U. S. ARMEI Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL se of service) SECURITY NO.	17. INFORMANT	ine	ADDRESS
No	Nano.	Mr George Kalin	is Glen	Bulnie
DISEASE OR CONDITION	0 2 1	OF DEATH		DNSET AND DEATH
(This does not mean the mode of	TH of dying, e.g., (A)	elapia Cad	as Forly	
heart failure, asthenia, etc. It mes injury or complication which	caused death.) DUE TO			
ANTECEDENT CAUS	(B)	nosel. Condis	Vacc. Ou	Lang
DISEASES OR CONDITIONS, I	F ANY, GIVING STATING THE DUE TD	•	••••••••••••••	
UNDERLYING CONDITION LA	(C)		***************************************	
OTHER SIGNIFICANT CONDI		-PO 1.0.	0	
TO THE DISEASE DR CONDITION		PATION.		20. AUTOPSY?
I ISA. BATE OF OPERATION	SB, MAJOR FINDINGS OF OFER	ATTON		YES ND
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., I about home, farm, factory, street, office bidg.,		in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year)			OCCUR?	
	m. WHILE AT NOT WHILE AT WORK		9 5	
deceased alive on 9-19	ended the deceased from			that I last saw the the date stated above.
23A. SIGNATURE		3B. ADDRESS	Kosp	23c. DATE SIGNED
24A. BURIAL CREMA 24B. DAFE TION, REMOVAL (Specify)	240 NAME OF CEMETE		CATION (Outy, town	o, or county) (State)
	S SIGNATURE	25. FUNERAL DIRECTOR	1, 40.	ADDRESS
LOSEPE 27952 Hunti	noton Williams MI	1/1 9 Single	Elow He	erbaunie.
VS 150	1 1 5 206	06248 40	1	



Registered No. 8419

NAME OF DECEASED 2. DATE (Type or Print) FERDINAND MEYERS (MEERS DEATH September 11. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write HURA) and give INSTITUTION township) Baltimore City Morgue Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mos. 5704 Roland Avenue ngth of stay in Baltimore Days 6. COLOR OF RACE 9. AGE (In years 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male White Marrica 10A, USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF Besche Bros. work done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO INTERVAL RETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute arsenic poisoning (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 19A. DATE OF OPERATION YES X ICAI 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING NO CONTRIBUTING CAUSE OF DEATH. INJURY OCCUR? 5704 Roland Avenue 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE Sept. Ingestion of arsenic A an. WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [E], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR Sept. 11 BURIAL, CREMA-4c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR untruston 151



52 8420 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

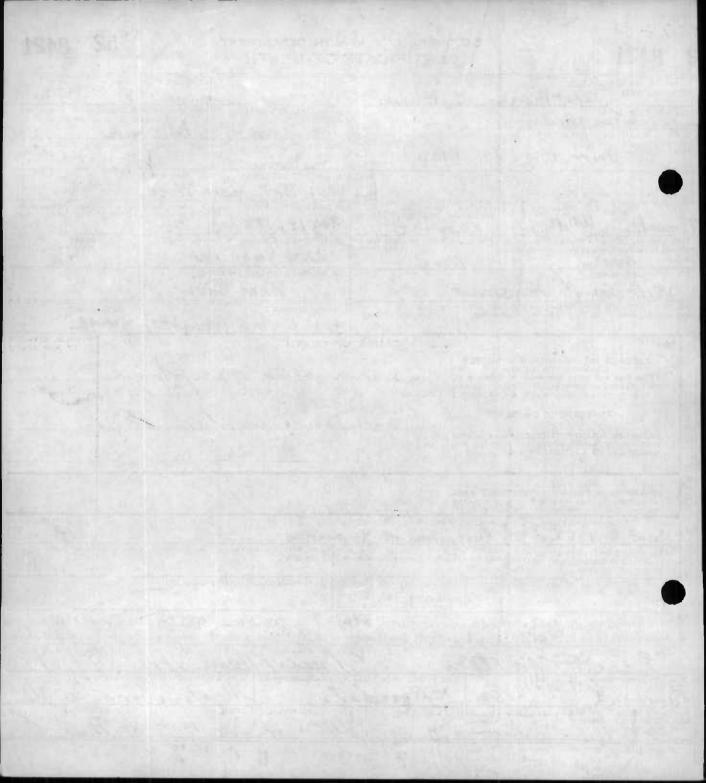
Registered No. 8420

BIRTH NO.	
1. NAME OF DECEASED Canol B. Calve	rt 2. DATE OF 9/9/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION 1435 Mt. Royal avr.	c. CITY OR TOWN (If outside corporate and its write HURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ngth of stay in Baltimore Mos. Days	1435 Mt, Royal ave.
6. COLOR OR RACE 7. SHIGLE, WARRIED, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (In years Under 1 Year Under 24 Hours last birthday) Months; Days Hours Min.
Venuale Where Widowed	1/27/1886 66
10A. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR FOR done during most of working life, even if retired) INDUSTRY	
at Home Delf	hicago Ill.
13. FATHER'S NĂME	14. MOTHER'S MAIDEN NAME
Is was person such the man	CITA Vehochfel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Elsa Howers 1433 Mt Royal Ure
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	were externation Och 9 92000
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	0-10
ANTECEDENT CAUSES	literies belgions
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
11	
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	PATION
SALE OF OPERATION (198, MAJOR FINDINGS OF OPER	PATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (6.8.1	in or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., CAUSE OF DEATH	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
	ene , 1951, to 9 left , 1957, that I last saw the
deceased alive on 9 feet, 195 and that death occur	, 202, 0,000 1,000 0,000
	238. ADDRESSALE ALA BOLTE 12 WA 23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240, LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify) 9/12/52 Green M	ount Balto. Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
SEP 12 1952 Huntington Williams, M.P.	Um bok Ine. 1217 St. Punk st.

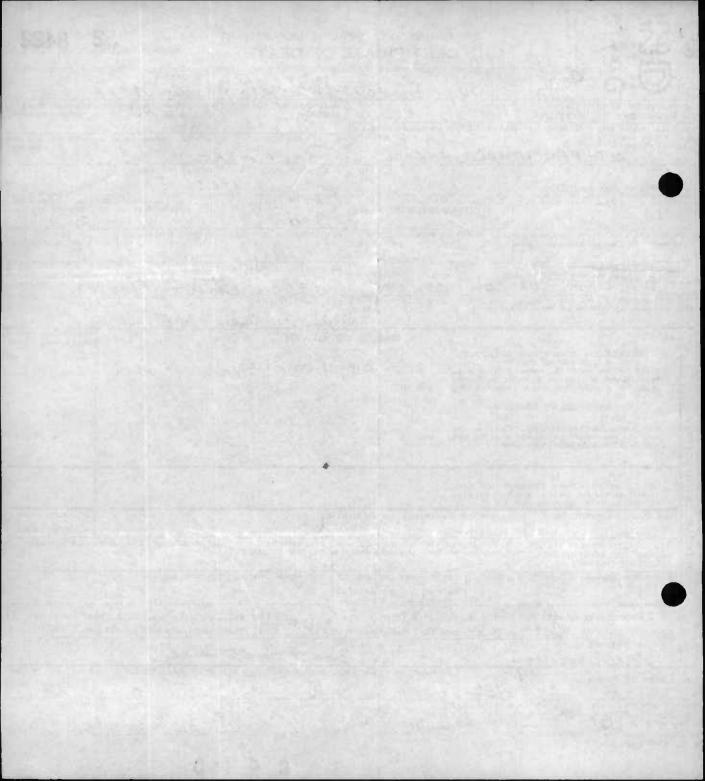
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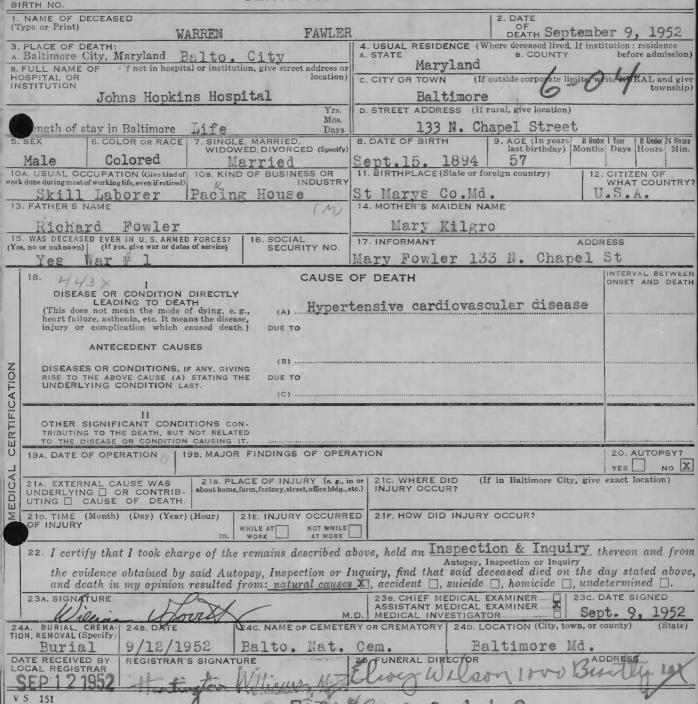
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2	RTH	347	21	

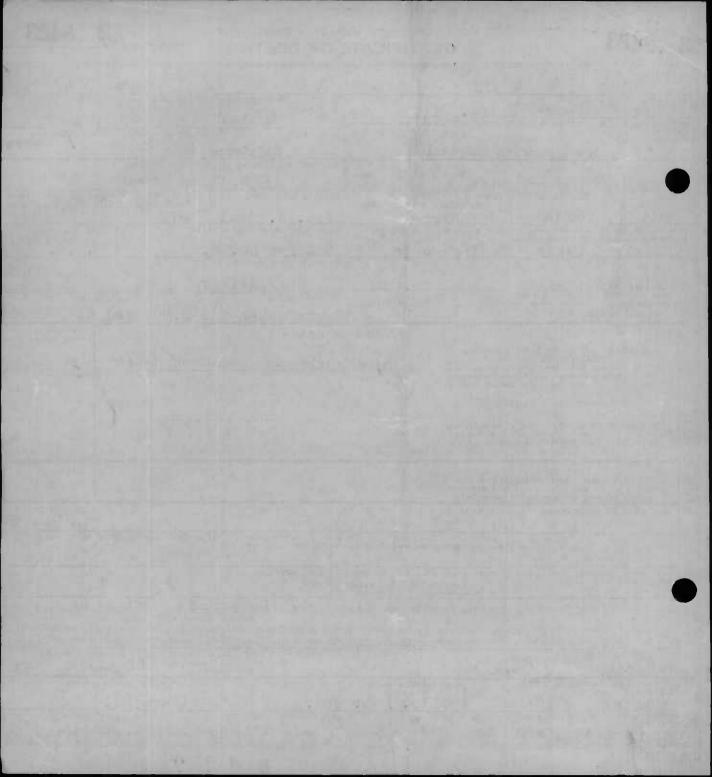
BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE OF SEPT 10,1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Union Memorical Hosp	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) White Widowed	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours					
10A. USUAL OCCUPATION (GivekInd of vork dooe during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) West Virginia 12. CITIZEN OF WHAT COUNTRY? VS A					
William H- Henshaw	14. MOTHER'S MAIDEN NAME. Anne Silver					
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or uohnnwn) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Agne Fikhen (daughki) same					
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ionelessis, generalized					
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	io or 21c. WHERE DID (If in Baltimore City, give exact location)					
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from Sedeceased alive on Septio, 1952 and that death occur	rred at 6 Pm., from the causes and on the date stated above. 23B. ADDRESS. 23C. DATE SIGNED					
24A. BURIAL SREMA. 24B. DATE TIME REMOVAL (Specify) 9/12/52 Resecta	RY OR CHEMATORY 240. LOCATION (City Town, of county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR SED 1 2 1052 Huntington Williams M. I.	25. FUNERAL DIRECTOR ADDRESS Well Cook Juc. 1217 St. Paul ST					
10.450						



6	50		BALT	TIMORE CITY H	EALTH DEPARTMEN	т	59	8422
BIRTI	8422 H No.	52-208			E OF DEATH	Register	ed No.	0466
	ME OF DI	PAR P	1 Box	BURO	V-William R. J	2. DATE OF DEATH 9	1-10.	-52
A. Ba		city, Maryland	/	7'	4. USUAL RESIDENCE	(Where deceased live		ion: residence before admission)
HOSP	IL NAME OF ITUTION	OF (If not in hospit		n, give street address of location	13ALTIMO		3-6	RUIAL and give township)
c.	gth of st	tay in Baltimore		Mos. Days	205 111 11	If rural, give location	n)	
5. SE	m	6. COLOR OR RACE	7. SINGLE.	MARRIED, D. DIVORCED (Specify	8. DATE OF BIRTH 9-8-52	9. AGE (in year last birthday		ays Hours Min.
		CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State of	r foreign country)		TIZEN OF HAT COUNTRY?
13. F	WIL.	LIAM RUSS	ELL	BURON	14. MOTHER'S MAIDEN	TTA 1	VEYER.	٢
15. W (Yes, no	AS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT BUSA	-W-20591	ADDRES . Wood	is of
CERTIFICATION	OTHER STRIBUTING	E OR CONDITION LEADING TO DEA' not mean the mode or, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION L/ III GIGNIFICANT CONDITIONS TO THE DEATH, BUT	TH of dying, e. g., ins the disease caused death. F ANY, GIVING STATING THE STATING THE INST.	(B)	RYTHRO BLAIT	sis Fetau	240	ISET AND DEATH
. 19		F OPERATION		FINDINGS OF OPE	RATION	NOTIFICATION OF		O. AUTOPSY?
A P	YING OF	PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year	about home, fe	CE OF INJURY (e. g., rm, factory, street, office bids TE. INJURY OCCUR HILE AT NOT WHILE WORK AT WORK	RED 21F. HOW DID INJU		City, give ex	act location)
d	2. I hereb eceased a 3A. SIGNA		tended the c	deceased fromind that death occ	9-8, 1951, to urred at 49, Pm., from 23B. ADDRESS Ballo	Geel.	230	. DATE SIGNED
24A. TION, DATI LOC.	BURIAL, REMOVAL (S	Sept 12	1952	4c. NAME OF CEMET	25. FUNERAL DIRECTO	Baltimore 5311 Eds	ADD Monds	nty) (State) Md, RESS OW WL
	VS 150		0		0084	8		

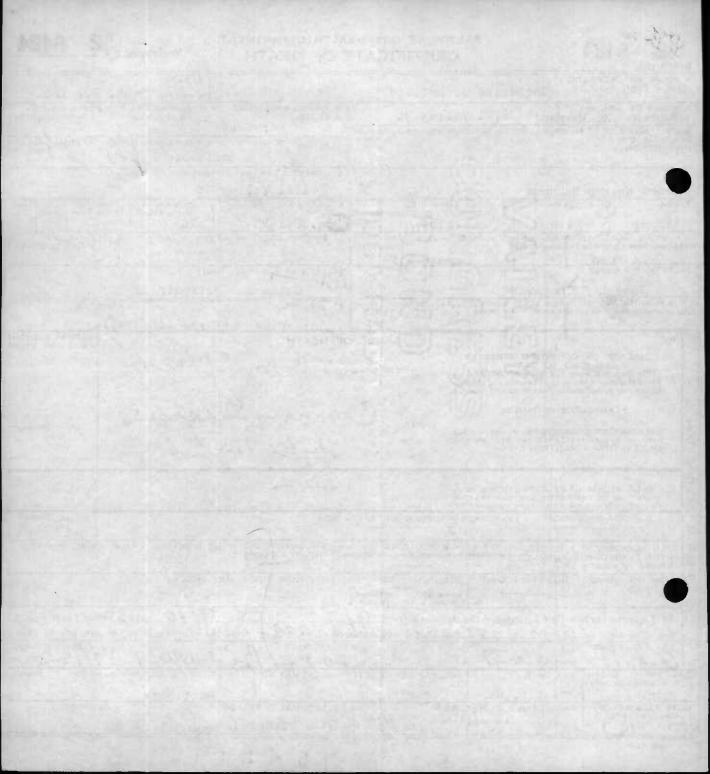






Registered No. 2 8424

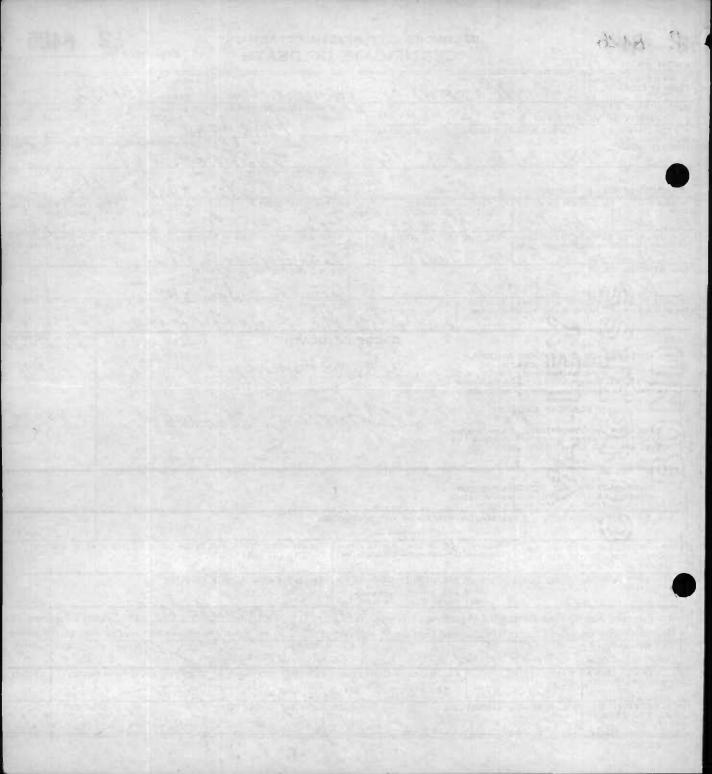
BI	RTH NO.							
(T	NAME OF D ype or Print)	Cathe	erine J	. Batterden		2. DATE OF DEATH Sep	t. 10, 1952	
	PLACE OF D Baltimore (City, Maryland		alley St	4. USUAL RESIDENCE	(Where deceased lived, I	f institution : residence before admission)	
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or				
IN	STITUTION			location)	c. CITY OR TOWN	(If outside corporate lin	it write HORAL and give	
13-					F	Baltimore	Lownship	
7				Yrs.	D. STREET ADDRESS	(If rural, give location)		
G.	ength of s	tay in Baltimore	Life	e Mos.	1121 Valle	v St		
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED, /ED, DIVORCED (Specify)		9. AGE (In years)	If Under 1 Year If Under 24 Hours	
	Female	White		/ED, DIVORCED (Specify) rried		last birthday)	ionths Days Hours Min.	
10	A USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	Dec.28, 1875	76	LIO CITIZEN OF	
work	done during most	of working life, even if retired)	TOB. KINE	INDUSTRY	II. BIRTHFLACE (blace	or roreign country)	12. CITIZEN OF WHAT COUNTRY	
	At E			House Wife				
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	915-915-95-	
	Jose	ph R Thompson	1		Catherine	Fitzpatrick		
15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(10	, no or unknown)	(It yes, give war or date	s of service)	SECURITY NO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	10	1				tterden1121 V	INTERVAL BETWEEN	
	18. 421			CAUSE	OF DEATH	0	ONSET AND DEATH	
	DISEAS	SE OR CONDITION LEADING TO DEAT		00	+-0	onto 1		
	(This does	not mean the mode of	f dving, e. g	(A) UU	le corona	my rece	·	
	injury or	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
.,	ANTECEDENT CAUSES (Monay Sclerois							
6	DISEASES	S OR CONDITIONS, I	F ANY, GIVIN	(B)	X			
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO	16 6. to	when		
0				(C)	199 pence	uhn		
CERTIFICATION								
납	OTHER S	IGNIFICANT CONDI	TIONS CON	1-				
	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	.D				
9				FINDINGS OF OPER	RATION		20. AUTOPSY?	
A		0					YES NO	
0	21A ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., I	n or 21c, WHERE DID	(If in Baltimore City,		
MEDICA	LYING OF	R CONTRIBUTING	about home, f	arm, factory, street, office bldg.,	otc.) INJURY OCCUR?			
	D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?		
B.	INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK	7	10/10	~)	
		y certify that I att	ended the	deceased from_9	19. to.	9/10,19	S,4that I last saw the	
	deceased al		_, 19_5	and that death occul		n the causes and on	the date stated above	
	23A. SIGNAT	THE !	-	2	3B. ADDRESS	110 17	23C. DATE SIGNED	
	11.5.1	Tomale	w	м. D.	204E. H	odle si	9/12/52	
24 TIC	A. BURIAL, ON. REMOVAL (S	DREMA- 24B, DATE	1	24c. NAME OF CEMETE	RY OR CREMATORY 24	. LOCATION (City, tow	n, or county) (State)	
	Burial	Sept13.	1952	Cathedral		Baltimore		
	TE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTO		ADDRESS	
LC LC	CAL REGIST	RAR	1- 111	11 M.D	Rita Wiederel	ה במה הלפטים		
3=	P 1 / 19:	11 They	lon IV	LIALLIA NIZO	Trac Wiedelel	d 600 Biddle S	50	
	VS 150	0		F 0 0	0000	0		



1	2	8	5	25
I.	BIRTH	N	0.	
ľ	1. NAM	1E	OF	DEC

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH I	NO.		CERTIFICAT	E OF DEATH	Registered	No.
	OF DECEASED	MCC)	1/ · · ·	2. DATE	1-1-
		111.6	AHAM,	IRGINIA	OF DEATH	11/52
A. Balti	e of Death: more City, Marylar	nd 3119 CE	DARHUBSTA	CA. STATE	(Where deceased lived.	If institution: residence before admission)
B. FULL HOSPITA	NAME OF (If not in AL OR	hospital or institut	ion, give street address o location		AND	ite, write KVRAL and give
INSTITU	3119 (Ednohu	OCT AUD	8017	IMOPO	township)
		COMETINA	Yrs.	D. STREET ADDRESS	(If rural, give location)	1
	th of stay in Baltim		Mos. Days	3119 (ed	ARHURST	Hve.
5. SEX	6.COLOR OR		E. MARRIED. VED, DIVORCED (Specif)	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Year H Under 24 Hours Months: Days Hours Min.
10A, USL	JAL OCCUPATION (Giv	akindof 108 KINI	ARRIED OF BUSINESS OR	Jep7. 2-189	6 56	112 6171751 05
work done du	ring most of working life, even if	retired)	The Table		MA	12. CITIZEN OF WHAT COUNTRY?
13. FATH	HER'S NAME	Norme 1	HEATRE	14. MOTHER'S MAIDEN	NAME	
H	ENRY 1	CCKERT		Lauen - 1	BENNETT	
15. WAS (Yes, no or t	DECEASED EVER IN U.S.	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17, INFORMANT		ADDRESS
			212-20-2874	MR. EdWAR	d Mc GAH	DAN- SAME
18.	151× 1		CAUSE	OF DEATH	Al-	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDI-	DEATH	Ca	STOMACH		1 0100174
he	his does not mean the art failure, asthenia, etc.	It means the diseas	e.	OTOMACA	*** *** *******************************	/ 77 0~ 77
in;	jury or complication w		.) DUE TO			
z	ANTECEDENT		(B) ///E	TATASIS TO	LIVER	IMONTH
C RIS	SEASES OR CONDITION	E (A) STATING TH	lG .		**************************************	***************************************
▼	DERLYING CONDITION	ON LAST.	(C)	***************************************		
JFIC	11					
	HER SIGNIFICANT O					
U TO	THE DISEASE OR CON	DITION CAUSING 1		PATION		
CAL	DATE OF OPERATION	O ISB. MAJOR	FINDINGS OF OFE			YES NO P
21A.	ACCIDENT WAS UND		ACE OF INJURY (e. g., arm, factory, street, office bldg.		(If in Baltimore City,	
CAU	IG□ OR CONTRIBUTI SE OF DEATH	NG L	armitanoor 3 is a room of amore pide.	INSORT COCORT		
21D.	TIME (Month) (Day)		21E. INJURY OCCURF		JRY OCCUR?	
		m.	WHILE AT WORK AT WORK		9	
22. I	hereby certify that	I attended the	deceased from	ely 14 195V, to	Dept 11, 19	That I last saw the
	ased alive on 9/1	, 195		rred at 6 44. m., from	n the eauses and on	the date stated above.
la	Jally ?- K	aff w.		4331 Harp	18 10	8/11/52
110N. BEM	RIAL, CREMA- 24B. D OVAL (Specify)	1-		ERY OR CREMATORY 240	LOCATION (City, tow	n, or county) (State)
Du	rial 9	-15-52	DALTO 1	VALIONAL	DALTO	Md
	REGISTRAR	TRAR'S SIGNATU	A/ii	25. FUNERAL DIRECTO	120 - H	ADDRESS T
SEP		intrugton V	Villegues- My	y ruck	3005/14	erord No
Vs	150	0	F 3 20	de 8 4 2		
	l'e		1 4 400	01/		ALL AND THE REAL PROPERTY.



gistered No. 8426

	ONNO			CERTIFICATI	E OF DEATH	Regis	stered No.	. 04	16.0
BIRTH N									
(Type or	OF DECE. Print)	MA MA	RY L	IBERTINI		2. DATE OF DEATH	Sept	10,	1952
	OF DEAT	H: Maryland			4. USUAL RESIDENC	E (Where deceased B. COU			residence re admission)
	NAME OF		al or institut	ion, give street address or	Mary		INTI	Deroi	re aumission)
HOSPITA				location)	C. CITY OR TOWN	(If outside corpor	ate limits, y	rite RUI	
1539 Northgate Road				Balti	more	11		township)	
c Lengt	th of stay	in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS				
5. SEX		OLOR OR RACE	7. SINGL	F. MARRIED	8. DATE OF BIRTH	9. AGE (In	years If Unde	1 Year	If Under 24 Hours
fema		white	me	PED DIVORCED (Specify)	UCT. 12,188	2 last birth	day) Months	a Days	Hours Min.
Work done dur	IAL OCCUP	ATION (Give kind of king life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country) 12.	. CITIZE	EN OF
	at hom				Italy		300		
	ER'S NAMI				14. MOTHER'S MAIDE	N NAME			
Jo	seph I	Libertini			Delizia Re	estivo			
15. WAS I	DECEASED EN	VER IN U.S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		ADDE	RESS	
(Yes, no or u	nroown) (1	f yes, give war or date	or service)	SECURITY NO.	Mr. Michael	Libertin			rtheat
18.	1071			CAUSE	OF DEATH				AL BETWEEN
	DISEASE C	R CONDITION	DIRECTIV	ONU DE	OI DEATH			DNSET	AND DEATH
	LEA	ADING TO DEAT	H	2	w. sarcom	w: 48		2	yrean
hea	art failure, as	sthenia, etc. It mea	ns the diseas	e, (A)			/ -		7
10.3	ury or com	plication which c	auscd death	.) DUE TO ey L	mains meta	seaso t	hoely	0	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Mysseroma Mysseroma Millian Metastassi Mahabani Metastassi Mahabani Mahab								
Z DIS	SEASES OR	CONDITIONS, II	ANY. GIVIN	(B)	***************************************		400000000000000000000000000000000000000		100000000000000000000000000000000000000
E RIS		BOVE CAUSE (A)		E DUE TD					
FICATION SIG				(C)	***************************************		*******************************	*************	
正		II							
		IFICANT CONDI							
U TO		THE DEATH, BUT			***************************************	•••••			
. 19A. I	DATE OF O	PERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		1 /0 1	20. A	UTOPSY?
A	19.	50	n	yasarcom	a			YES	NO 🗌
LYIN GAUS		WAS UNDER- NTRIBUTING	218. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg.,	o or 21c. WHERE DID	(If in Baltimor	e City, give	exact ic	ocation)
2		th) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?			
	UURY	, (, ()		WHILE AT NOT WHILE					
22. I	herebu cc	rtify that I att	ended the	deceased from	ly 11 19427	sept 10	19 5-24	hat I le	ast saw the
deced	ased alive	on Seft. 9	1952	and that death occur	red at 3 - a.m., fr	om the causes a			
	SIGNATURI				38 ADDRESS				TE SIBNED
	Thilit	verx arts	nam	М. D.	2942 2.0	Fayelle VI	t. A	est.	11/52
	RIAL. CREM			24c. NAME OF CEMETE	RY OR CREMATORY 2	4D. COCATION (CI	ity, town, or o	County)	(State)
	rial	9/13/5	2	Holy Rede	emer Cem.	Baltimore	e, Mar	ylan	id
DATE RE	CEIVED BY	Y REGISTRAR			S. FUNERAL DIRECT			DDRESS	
LOCAL F	REGISTRAR	11- 1:	+ 11	111.	Legnard J. F	Ruck. 53	05 Han	ford	Road.
3FP-1-	2 1952	Thatig	las IV	Manus M.P.	7		1101	2010	
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Dr. Artigiani 2305 Mayfield Ave.

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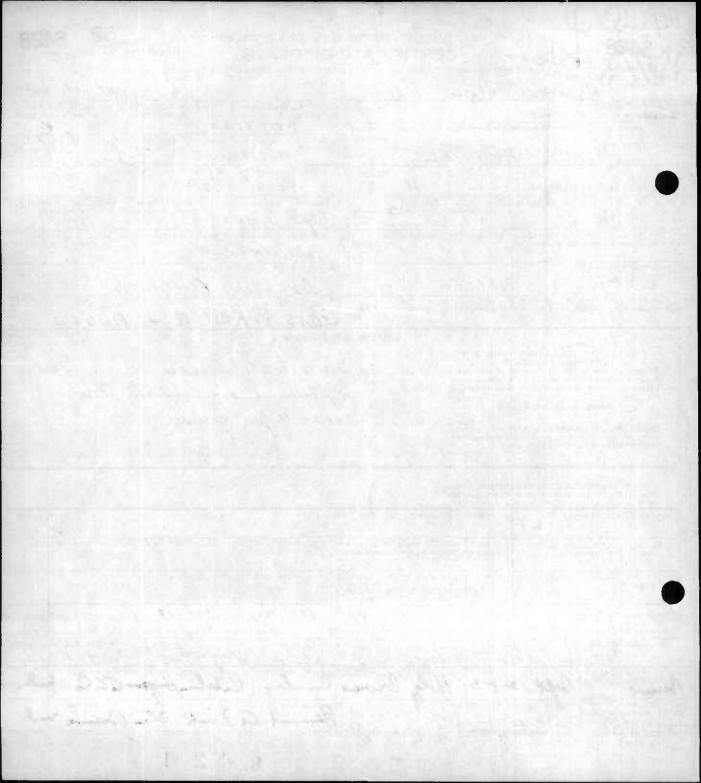
Dr. Alessi

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO 1. NAME OF DECEASED (Type or Print) SEPT 10, 1952 HANNAH PYLE F. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write KURAL and give C. CITY OR TOWN HOSPITAL OR INSTITUTION 3202 Gibbons Avenue D. STREET ADDRESS (If rural, give location) Yrs. 3202 Gibbons Avenue c. Length of stay in Baltimore Days 9. AGE (In years | f Under 1 Year | f Under 24 Hours last birthday) | Months: Days | Hours | Min. 8. DATE OF BIRTH 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE Aug. 28, 1884 widowed white female 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? rork done during most of working life, even if retired) INDUSTRY Baltimore, Maryland at home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Eugene Strohmeyer Rose 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. (Yes, no or unknown) Mrs. Bertha Silverson, 3202 Gibbons INTERVAL BETWEEN CAUSE OF DEATH 1B. ONSET AND DEATH 442 × serebre demonstage DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Hypertener artenneluotes cordinamenta heart failure, asthonia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 1D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT 22. I hereby certify that I attended the deceased from leegest 16, 195, to feet 18, 195, that I last saw the deceased alive on Jet 10 , 195 , and that death occurred at 10 A. m., from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 6217 Harpord Rd 23A. SIGN TURE esas 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B, DATE Baltimore, Maryland 9/12/52 Baltimore Cemetery Burial ADDRESS REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR Leonard J. Ruck, 5305 Harford Road. untinglow 00084

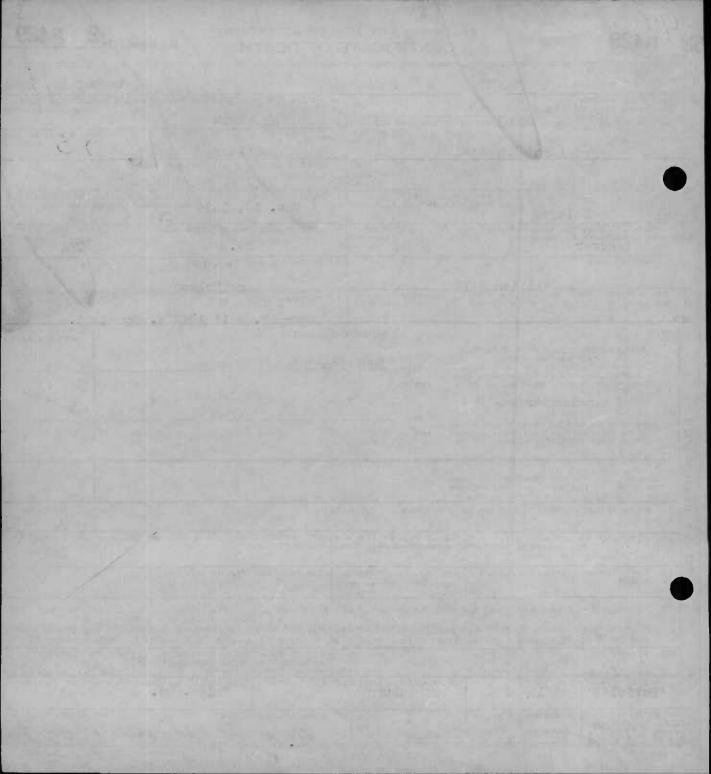
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2 BI	8428 RTH NO.	82-2014				ALTH DEPARTMENT E OF DEATH	Registered	DZ No	8428
	NAME OF D ype or Print)	Ramona	Mari	e Kel	ler		2. DATE. OF DEATH	ept.	11,1952
	PLACE OF D Baltimore (EATH: City, Maryland				4. USUAL RESIDENCE	B. COUNTY		ion: residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit			t address or location)	c. CITY OR TOWN (If outside corporate lim	nits write	RURAL and give township)
_	Orth of s	tay in Baltimore	, , , , , ,	11	Mos. Days	D. STREET ADDRESS (
5.	SEX	6. COLOR OR RACE		MARRIED,		8. DATE OF BIRTH SCRT. 1,1952	9. AGE (In years last birthday)	II Under 1 Y Months D	ear If Under 24 Hours ays Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINE	ESS OR NDUSTRY	11. BIRTHPLACE (State or BALTIMOR			TIZEN OF HAT COUNTRY?
13	CH P	HALEJ	KELLE	FR S	5.	14. MOTHER'S MAIDEN	YINGLIN	6	
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIA	L RITY NO.	Chas. V. Ke		ADDRES	ve
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA'S not mean the mode of the complication which is complicated by the complication of the	TH of dying, e. g ns the disease caused death SES F ANY, GIVIN STATING TH SST.	(A) e, (B) (B) (C)	Ĉ	Septicum 2	Disease ()! - Cellulitis lailure.		SET AND DEATH 3645.
L CE	TO THE D	OF OPERATION	CAUSING I		OF OPER	ATION		2	O. AUTOPSY?
EDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJU			(If in Baltimore City	1	act location)
Σ	21D. TIME INJURY	(Month) (Day) (Year		21E. INJURY	OCCURRE NOT WHILE	ED 21F. HOW DID INJU	RY OCCUR?		
		ny certify that I at live on Seft. II		deceased f and that de	eath occur		Sept 19, 19. the causes and on	the dat	I last saw the e stated above. DATE SIGNED - 11 - 12
24 TIC	REMOVAL (S	CREMA- Specify	3.54	Holy	Croc	Company 249	LOCATION City, tow	ala C	haty) hate)
	TE RECEIVE DCAL REGIST		'S SIGNATU	VH:	A M.J	Benal Q7	ink Blum	Ben	and a
DE	VS 150		9	1 13	5 2	0 0 8 4	124		



BALTIMORE CITY HEALTH DEPARTMENT

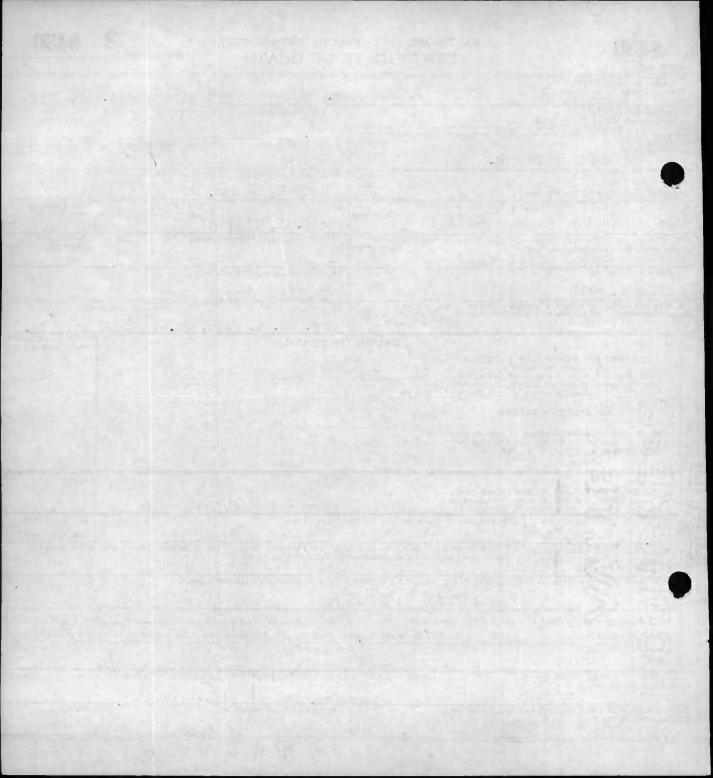
BIRTH NO.			CERTIFICATE	E OF DEATH	Registered	No.
1. NAME OF D (Type or Print)		anu.	TTATY		2. DATE	1 - 10 105
3. PLACE OF D		GENE	HALL	4. USUAL RESIDENCE (tember 10, 1952
A. Baltimore	City, Maryland	-1 1 14		A. STATE	B. COUNTY	before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF If not in hospit	al or instituti	ion, give street address or location)	Maryland		nits, write RURAL and giv
	Provident H	ospital		Baltimor	11	- 0 5 township
			Yrs. Mos.	D. STREET ADDRESS (If		
ngth of s	stay in Baltimore	7 SINCLE	Days Days	8. DATE OF BIRTH	Mount Street	
Male	Colored	WITOW	ED, DIVORCED (Specify)	Nov. 10, 18	94 last birthday)	Months Days Hours Min
work done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	Walla	am Hall		Lana H	olmes	
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			7	Mary E. Hall	1047 N. Mot	
18.	33.21		CAUSE	OF DEATH		ONSET AND DEAT
(This doe heart fail	SE OR CONDITION LEADING TO DEA's not mean the mode of ure, asthenia, etc. It mea complication which of	ΓΗ f dying, e.g ns the disease	e,	ional heart disea	nse	
	ANTECEDENT CAUS	ES				
Q RISE TO	S OR CONDITIONS, 11 THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	(B)		***************************************	
Ŭ -	11					
OTHER S	SIGNIFICANT CONDI	NOT RELATE	D			
11	OF OPERATION 1		FINDINGS OF OPERA	ATION		20. AUTOPSY?
						YES X NO
UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	218. PLA about home, fa	CE OF INJURY (e. g., in arm,factory,atreet,office hldg.,et	or 21c. WHERE DID (I	If in Baltimore City,	give exact location)
Z 1D. TIME OF INJURY	(Month) (Day) (Year)	W	TIE. INJURY OCCURRE	D 21F. HOW DID INJURY	Y OCCUR?	
22. I certi	fu that I took char	m.	remains described at	have held an AI	topsy	thereon and from
the ev	idence obtained by	said Auto	psy, Inspection or In	Autopsy, aquiry, find that said do	Inspection or Inquiry	the day stated above
23A. SIGNA		P C	10m. naturat eauses	accident □, suicide 3B. CHIEF MEDICAL	EXAMINER 2	3c. DATE SIGNED
34: 300	lla //	00512	М.		OR	Sept. 11, 1953
TION, RECOVER	Pecify) 248. DATE/ 9/15/5	2	Mt Auburn		ocation (City, tow	n, or county) (State)
DATE RECEIVE LOCAL REGIST	BAR REGISTRAR'S	11	illiaus M.J.	25. FUNERAL DIRECTOR	Kelson	ADDRESS 1303 70
V S 151	7		e 977	990 811	1	0-1
			7	1 Dias	oman	1



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2'	8430

Segistered No. 8430

	TH NO.					10	
	AME OF DE	CEASED	WILI	IAM A. WEBB, S	Sr.	2. DATE OF DEATH SE	ept. 10, 1952
A. B:		ity, Maryland			4. USUAL RESIDENCE (WA. STATE	Where deceased lived. B. COUNTY	. If institution: residence before admission)
HOS	JLL NAME O PITAL OR FITUTION			ion, give street address or location)		outside corporate	atts write RURAL and give township)
		3904 Belle A	VE.	Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)	
		ay in Baltimore		Mos. Days	3904 Belle Ave		If Under 1 Year If Under 24 Hours
s. si mal		6. COLOR OR RACE white	mari		Sept. 14, 1866	85	Months Days Hours Min.
work do	one during most of	CUPATION (Give kind of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	tired For	reman AME	Newsp	aper	14. MOTHER'S MAIDEN N.	AME	
Wil	lliam A.	Webb			Mollie Anderso		
15. \		D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECHRITY NO.	17. INFORMANT		ASPRESS Pa.
no				218-07-9575	Rev. Wm. A. Web	b, Jr1926	Bellevue Rd.
1	(This does	E OR CONDITION LEADING TO DEA' not mean the mode c e, asthenia, etc. It mea complication which	TH of dying, e. 1 ins the diseas	8., (A) Stee	enular A	soul !	ONSET AND DEATH
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						elleg	
ERTI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATI	ED	ran	-(
A				R FINDINGS OF OPER			20. AUTOPSY?
DIC	21a. ACCID! LYING ☐ OR CAUSE OF I	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PL about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore Ci	ty, give exact location)
		Month) (Day) (Year	(Hour) m.	21E. INJURY OCCURR WHILE ATNOT WHILE WORKAT WORK			
22. I hereby certify that I attended the deceased from fifth, 1952, to for the causes and on the date stated at deceased alive on fifth and that death occurred at 7 m., from the causes and on the date stated at							on the date stated above.
	23a. SIGNAT	VI COC	He	tely.o.	238. ADDRESS	ELISTEN (City, to	own, or county) (State)
	a. BURIAL. C N. REMOVAL (S Irial	pecify) 9/12/52		e Cem. Pi	kesville, M	14	
	TE RECEIVER	RAR	's SIGNAT	Williams Ma	25 FUNERAL DIRECTOR	aner &	ADDRESS
	VS 150	Jue, June	9	G C O O	100042	Buth	1.17 md.

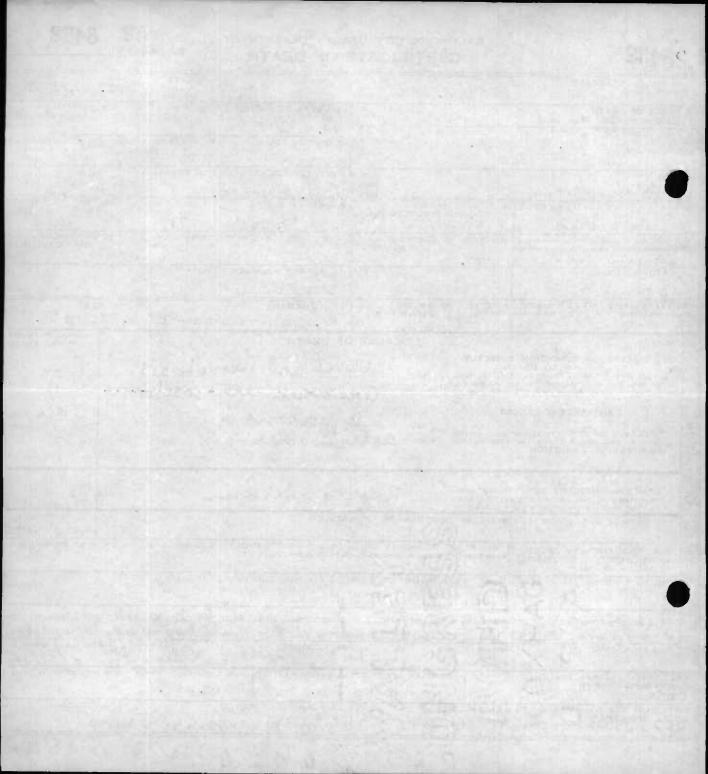


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2	8431
BIRTH	NO.

DIDT	OHOL	CERTIFICAT	E OF DEATH	Registered No)
	H NO.				
(Type	or Print) John	Joseph Rut	IEdaE	2. DATE OF DEATH 9-1	1-52
	ACE OF DEATH: ltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution: residence before admission)
HOSE	LL NAME OF (If not in hospit ITAL OR ITUTION	al or institution, give street address or location)		f outside conscrate limits,	
44		noid Hosp	Baltimos		township)
c.	ngth of stay in Baltimore	Mos. Days	b. STREET ADDRESS (II	this Ad &	+10
5. SE		7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH		nder 1 Year If Under 24 Hours has! Days Hours Min.
104	SLE WHITE JSUAL OCCUPATION (Give kind of	widowsd	MARCH 10 - 187		
work doz	e during most of working life, even if retired)	108. KIND OF BUSINESS OR	-		2. CITIZEN OF WHAT COUNTRY
13. F.	ATHER'S NAME	Perly Sects	14. MOTHER'S MAIDEN N		0.5.19.
	UALTON 6.	RUTLEdge	MARIA	ENO	
(You, 110	AS DECEASED EVER IN U. S. ARMEI or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Mr. alma R.	Goldberg_	21 Wohn
18		199.8 CAUSE	OF DEATH .	1 +1	INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY Myo	rardia in	fardida	ONSET AND DEATH
	(This does not mean the mode of	TH of dying, e.g., (A)		· Q -1,00-00	
	heart failure, asthenia, etc. It mes injury or complication which	ns the disease,		wit distant	, , , , , , , , , , , , , , , , , , , ,
	ANTECEDENT CAUS	des de	selevosis, ge	manges	
NO		(B) Mela	Madie Cari	nome of	
임	DISEASES OR CONDITIONS, I	STATING THE DUE TO	1. to	1	
CA	UNDERLYING CONDITION LA	(C)	rung, na	mina,	
E -		and	small 1	ronel.	
RT	OTHER SIGNIFICANT COND	TIONS CON-			
CER	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		••••	
J 15	A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY7
	IA. ACCIDENT WAS UNDER- YING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		(If in Baltimore City, given	
Σ -	AUSE OF DEATH D. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURE	ED 21F. HOW DID INJUR	V OCCUP?	
	INJURY (Mariell) (Day) (Teat)	WHILE AT NOT WHILE		T OCCORY	
2	2 I berehu certifu that I at	m. WORK AT WORK	4	9 - 11 , 1954	that I last sam the
		., 1952, and that death occu	rred at & m from	the causes and on the	
	BA. SIGNATURE		238. ADDRESS	- I I I I I I I I I I I I I I I I I I I	23c. DATE SIGNED
	Robert L. Pl	M.D.	Union mosson	cal Masp	9-11-52
24A. 110V.	BURIAL, CREMA- 24B. DATE REMOVAL (Specify) 9/15/	52 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. 1	OCATION (City, town, o	r county) (State)
DATE	RECEIVED BY REGISTRAR	S SIGNATURE	25 FUNERAL DIRECTOR	1.1	DDRESS
CE	D.121952 Turtin	aton Welliams M.P.	Vm.	Schwer V.	sons
10,0	VS 150		0008/4	- Back	17 md

Tickners

ВІ	500 8432 RTH NO.				TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	52 Registered	2 8432 ,
1. (T	NAME OF Dype or Print)	ECEASED		BERTHA	M.HAM		2. DATE OF DEATH	ept. 10, 1952
Α.	PLACE OF D Baltimore	City, Marylan	nd			4. USUAL RESIDENCE (W		If institution: residence beforc admission)
H	FULL NAME SSPITAL OR STITUTION	OF (If not in	n hospita Hilto	or institution St.	ion, give street address or location)	Md. c. CITY OR TOWN (If Baltimore	outside corporate lie	its, write (URAL and give ownship)
C	ngth of s	stay in Baltin	nore		Yrs. Mos. Days	D. STREET ADDRESS (If		
	sex emale	6.COLOR OR white	RACE	MIDOM	E. MARRIED, (ED, DIVORCED (Specify)	June 29, 1879	9. AGE (In years)	Hunder Year If Under 24 Hours Min.
10	A. USUAL OC	CUPATION (Given in the control of working life, even in the control of working life, even in the control of the		108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	Register FATHER'S	ed Nurse		Hosp)	14. MOTHER'S MAIDEN NA	AME	
IT	ohn Thom	24				Lottie Cahill		
15	. WAS DECEAS	ED EVER IN U. S	ARMED ar or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Charles Tho	mas - 140 N	ADDRESS . Hilton St.
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO Core breal Trombosis (B) DUE TO Core breal Customics (STOSIS) DUE TO Core breal Customics (STOSIS) (C) OTHER SIGNIFICANT CONDITIONS CON-							sis lyr. lyr. ?	
CERTIF	TRIBUTIN	II SIGNIFICANT G TO THE DEAT DISEASE OR COL	H, BUT	NOT RELATI	HD COD	uro s cleroci	-	1 45;
١	19A. DATE	OF OPERATION	N 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICA		DENT WAS UN OR CONTRIBUT DEATH			ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baitimore City	7, give exact location)
N	F INJURY	(Month) (Day)	(Year)		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK			
		by certify the	at I att	ended the	deceased from	Jene, 1950, to	the causes and on	L, that I last saw the the date stated above
	23A. SIGNATURE K. Knuleirt M. D. 23B. ADDRESS 400 N. Kullou St 23C. DATE SIGNED							
24a. BURIAL CREMA- TION, REMOVAL (Specify) 9/13/52 Loudon Park Cem. Balto., Md.								wn, or count/) /(State)
	ATE RECEIV	ED BY REGI		S BIGNAT	Miaus, M.J.	25 FONERAL DIRECTOR	ener Vx	ADDRESS
	VS 150		- 0	1 9	5 20588	7 6 4 2 8	Balto	· 17, 11/4.

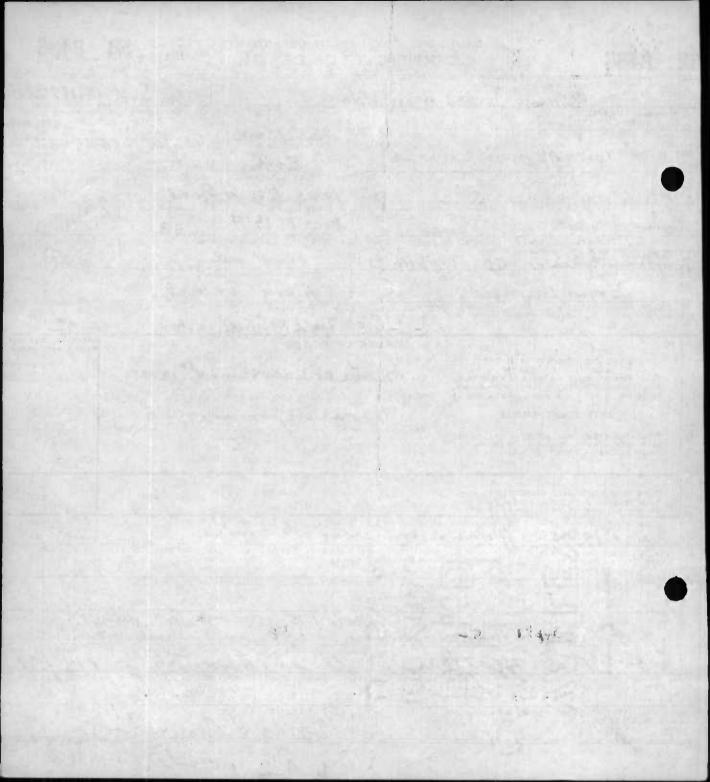


543 524 8433

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8433

BIRTH NO.	<u> </u>			
1. NAME OF DECEASED (Type or Print) William James Reynold	's 2. DATE OF SEPT 10,1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or				
HOSPITAL OR INSTITUTION Union Memorial Rospital	c. CITY Of TOWN (If outside exporte limit, write RURAL and give township)			
Yrs.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Days	1025 Kevin Boad			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 liours			
Mare white WIDOWED, DIVORCED (Specify)	Dec 1, 1717 38			
10A. USUAL OCCUPATION (Givekind of rork dose during my cof working tip from if ratired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Francis Course Glant Martin Co.	Manyland USA			
13. FATHER'S NAME AIRPLANCOLM	14. MOTHER'S MAIDEN NAME			
James Keynolds	Mary Torrant			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
212-07-0225	That Reynolds (wife) same			
18. /93 x . CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY				
(This does not mean the mode of dying, e.g., (A) Gloding of brain Sky, Y rent.				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES	neropneumonia			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	/			
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
(c)				
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	The state of the s			
U TAMES OF INJURY (
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office hidgs.,				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?			
INJURY WHILE AT NOT WHILE MY WORK AT WORK				
22. I hereby certify that I attended the deceased from	15, 19 St, to Sept 10, 190, that I last saw the			
deceased alive on Seat 10 1952 and that death occur	rred at 6 7m., from the causes and on the date stated above.			
23A. SIGNATURE	ADDRESS 23C. DATE SIGNED			
E. a. D. Mattern, M.D.	luis / Mem. Hosp 9/10/52			
24A. BURIAL CREMA 24B. DATE TION, REMOVAL (Specify) Sept. 13m 1952 Woodlawn Cem.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR			
LOCAL REGISTRAR	William Vs /interes / Hono			
SEP 12 1952 entinglow Williams 40	willing a will a will			
VS 150	alla a Butta 17 114.			
5 279 3 7	8 412 9 000000. 17, 1100			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 2 8434

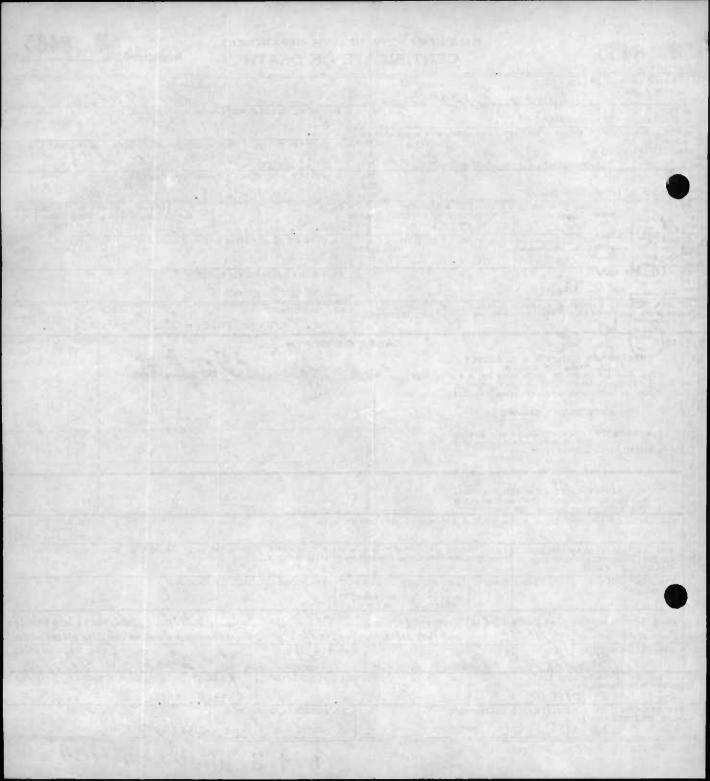
BIRTH NO.			ERTIFICATE	OF DEATH	Registered	140
1. NAME OF DECE (Type or Print)	MARION	E. H	HODG DON		2. DATE OF DEATH SE	PT 11, 195Z
a. PLACE OF DEATH	H:			4. USUAL RESIDENCE A. STATE		
B. FULL NAME OF		al or institution	n, give street address or location)	MARYLAND		TITLE PART
INSTITUTION	ERCY H	DSPITE		BALTIMOR	- 7	its, write RURAL and give (township)
ath of stay	in Baltimore	54	Yrs.	D. STREET ADDRESS (If rural, give location)	A. 15
	OLOR OR RACE	7. SINGLE.		8. DATE OF BIRTH	9. AGE (In years)	II Under 1 Year II Under 24 Hours
FEMALE V	VHITE	5/N	D. DIVORCED (Specify)	July 28, 1894	last birthday) M	onths Days Hours Min.
IOA. USUAL OCCUP	ATION (Give kind of		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
FFILE SUPER	VISOR	BANKIN	14 - FEDERAL	/LLIN015		USA COUNTRY?
13. FATHER'S NAMI	11			14. MOTHER'S MAIDEN		
15. WAS DECEASED EN	L HOD	GOON	16, SOCIAL		1RLING	
Yes, an or unknown) (I	f yes, give war or dates	of service)	SECURITY NO.	HOSPITAL		ADDRESS
18. 471,1			CAUSE C	F DEATH	120000	INTERVAL BETWEEN
DISEASE C	R CONDITION DEAT	DIRECTLY	A -	C		ONSET AND DEATH
(This does not	mean the mode of	dying, e.g.,	(A) HOR	TIC STEHO	315	YEARS
injury or com	plication which co	aused death.)	DUE TO WITH	CONGESTIVE H	FART FAILUR	E 3 MOS
ANT	ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
			(0)			
OTHER SIGN	II FICANT CONDI	TIONS CON-				
	THE DEATH, BUT I					
19A. DATE OF O	PERATION 0 19	B. MAJOR F	FINDINGS OF OPERA	TION		20. AUTOPSY?
21A. ACCIDENT LYING OR CO CAUSE OF DEA	NTRIBUTING		E OF INJURY (e. g., in m,fectory,street,office bldg.,et		(If in Baltimore City,	give exact location)
21D. TIME (Moni	th) (Day) (Year)	(Hour) 21	E. INJURY OCCURRE	2 IF. HOW DID INJU	RY OCCUR?	
			ORK NOT WHILE			
22. I hereby ce	rtify that I atte	ended the d	eceased from SEF	T 5 , 1952, to 5	SEPT // , 195	that I last saw the
		, 19 5 Z ar		ed at 10: 35 An., from	the causes and on	
27A. SIGNATURE	4.1.	Miche	1/ .	Meray Hose	rutal	9-11-5-2
124A. BURIAL, FREM FION, REHOVAL (Specif Burial	A- 248. DATE 9/13/52	24	c. NAME OF CEMETER Loudon Park		LOCATION (City, town	n, or county) (State)
DATE RECEIVED BY		SIGNATUR		25 FUNERAL DIRECTOR	/	ADDRESS
VC 150	7 Hunding	from 1/1	manus, My.	NIVII. DON	cover 13	000
VS 150		and and	5 290	21081	palt	017, Md.
				0 1		

1 1 1 MAKING E HODE DON CWATUSAN 15009 a court carrier manage STATE STATE STATE STATE OF THE EMPLY DICE AMOUNT MENHAUS OF THE A

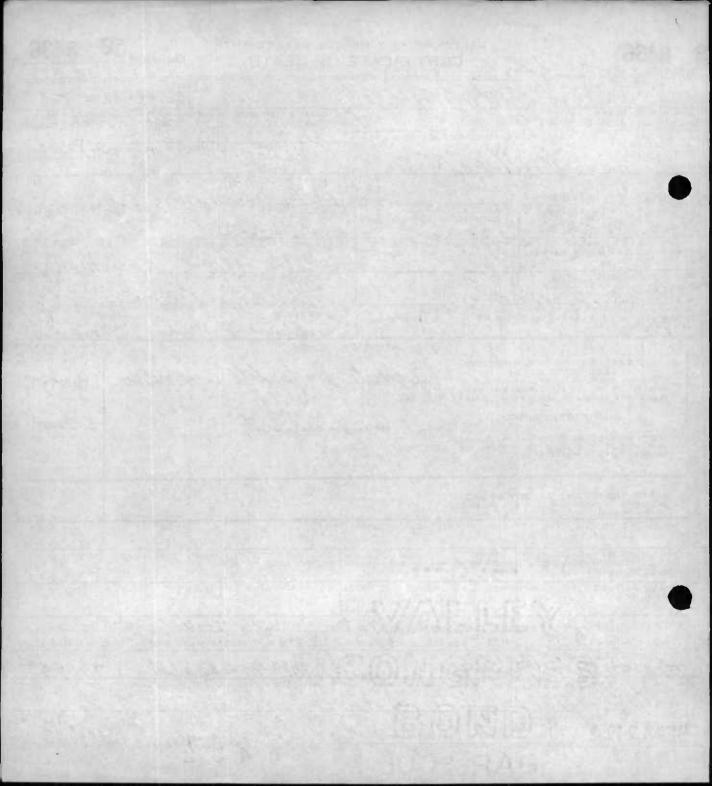
6	20	
52	8435	
BIRTH	NO	

BALTIMORE CITY HEALTH DEPARTMENT

· ·	620						FO 040F
5	2 843	35			ALTH DEPARTMENT	Registered	52 8435
	IRTH NO.		(CERTIFICATI	E OF DEATH	negistered	1 NO
_	NAME OF D	ECEASED				2. DATE	. 1
(7	Type or Print)	Mappe	BIB	110		OF DEATH	14/00
	PLACE OF D	EATH:		17.7 G	4. USUAL RESIDENCE		If institution: residence
		City, Maryland			A. STATE	B. COUNTY	before admission)
	FULL NAME OSPITAL OR	OF (If not in hospital	al or institution	on, give street address or location)	Md.	f autaida aarm kus ka 16a	A CONTRACTOR OF THE PARTY OF TH
11	STITUTION	21 1	11	140		i outside corporate in	nits, write RURAL and give township)
5	Y	animaly	Hosp	siles.	Baltimore	10	
r				Yrs. Mos.	D. STREET ADDRESS (If		
4		tay in Baltimore		Days	1413 Rosedale		
5.	SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Months: Days Hours Min.
	M		Marr		Dec. 9, 1879	73	
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
S	heet Meta	al Worker	Hops	& Kitchen	England		WHAT COUNTRY?
_	FATHER'S			Equipment	14. MOTHER'S MAIDEN N	IAME	
	John The	omas Birnie		(M)	Iono Humphwice		
1.5		D EVER IN U. S. ARMED	FORCES? I	16. SOCIAL	Jane Humphries		
(Ye	a, no or nuknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT	. 2122 D	ADDRESS
	none				Mrs. Harry Birn	ie - 1413 R	osedale St.
FICATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEAT not mean the mode ore, asthenia, etc. It mean complication which complication which complication which complication which complication which complication which complication the above cause (A) ying condition la	f dying, e.g. ns the disease aused death. ES FANY, GIVING STATING THE	(B)		e y a ve e e e e e e e e e e e e e e e e e	
CERT	TRIBUTING	IGNIFICANT CONDITION TO THE OBATH, BUT ISEASE OR CONDITION	NOT RELATED				
_	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y.							YES NO
4EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., ir rm, factory, street, office bldg., e	to.) 21c. WHERE DID (If in Baltimore City	, give exact location)
~		(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
K	INJURY			HILE AT NOT WHILE			
				WORK LAT WORK L	9/2/52	alul	44
		y certify that I att			19, to		52 that I last saw the
3	deceased at		, 2 9, a		red at 12 2m., from t	the causes and on	
П	23A, SIGNAT	AL. I. A	2 171	1 2	3B. ADDRESS	Mari	23C. DATE SIGNED
2	4A. BURIAL.	REMA- 248. DATE	1 44	4c. NAME OF CEMETE	BY OR CREMATORY 240 I	OCATION (Lity, tov	vn, or county) (State)
TI	ON, REMOVAL (S	pecify)				COATTON PROTECT	in or country (busic)
2	Burial	19/15/52		Loudon Park Ce		to. Md.	Appress
	ATE RECEIVE		SIGNATUR	KE.	25. FUNERAL DIRECTOR	1 1.1	ADDRESS
6	FRIZI	506 Htmting	ton Wi	Linux HD	W/m. Y.Vu	sever +	sons
	VS 150	0	1 1	19725	31 DE A 3 11	Batto. 1	7, md.



HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write HUHAS and give INSTITUTION township) D. STREET ADDRESS (If rural/give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | | Under | Year | | Under 24 Hours | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRO 12-FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS (Yes, no of wakoown) (If yes, give war or dates of services SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK 195 to_ 22. I hereby certify that I attended the deceased from 9-9-10 _, 195 , that I last saw the deceased alive on 7 -10 m., from the causes and on the date stated above. 19.3 and that death occurred at. 23A. SLONATURE 23B. ADDRESS 23c. DATE SIGNED hull 24A. BURLAL, CREMA-DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS 150

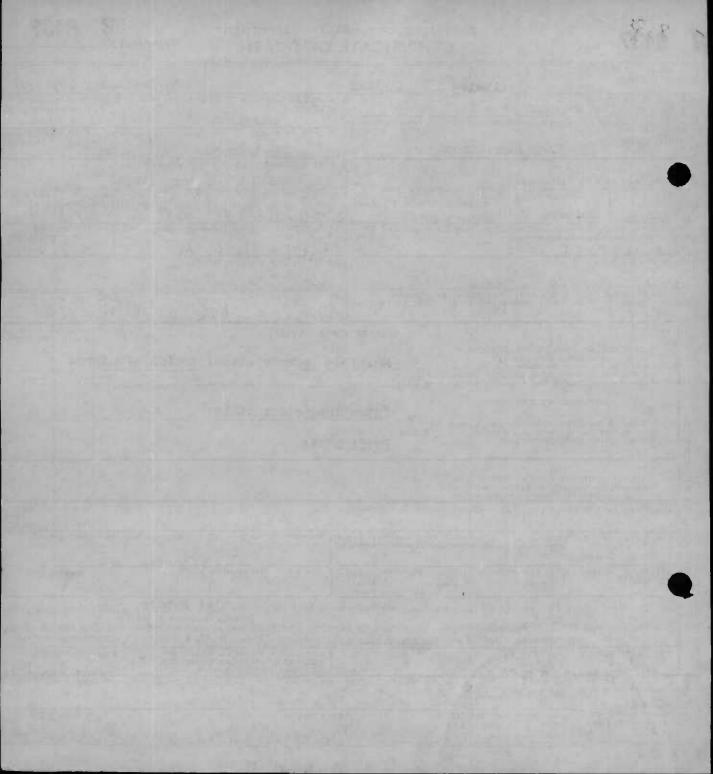


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8437

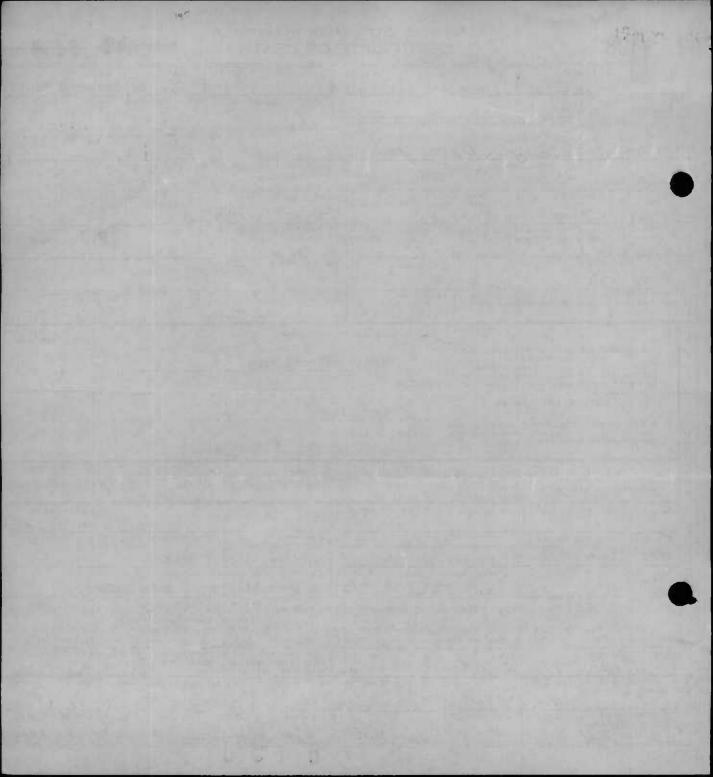
Registered No. 1. NAME OF DECEASED 2. DATE DEATHSeptember 10, 1952 WILLIAMS 4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland I'f not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) 530 N. Gilmor Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 530 N. Gilmor Street ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Inst. bigthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female Colored 10 6 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR LAWN OFESS 13. FATHER'S NAME AUNDED 4. MOTHER'S MAIDEN NAME aMES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no, or whknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH 2-14 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple pedunculated fibroids of uterus (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUEXDO ANTECEDENT CAUSES Intestinal obstruction FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUFXIX UNDERLYING CONDITION LAST. Peritonitis OTHER SIGNIFICANT CONDITIONS CON-FA TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSYT X VES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. INJURY OCCUR? UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE m. WORK AT WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.
MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-ME OF CEMETERY, OR CREMATORY 240 LOCATION City, town or county CON. REMOVAL (Specify) MINE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

untinglor.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered & 9420

	B	IRTH NO:		0,00
	1 ('	NAME DE DECEASED Type or Print) Lillian Boone (Hammon)	1	2. DATE OF DEATH September 8, 1952
		PLACE OF DEATH: Baltimore City, Maryland	1 4.	USUAL RESIDENCE (Where deceased lived, If institution: residence STATE B. COUNTY byfore admission
	H	FULL NAME OF 'f not in hospital or institution, give street address or OSPITAL DR location)		CITY OR POWN (If outside corporate limits, frie RURAL and give
	11	South Baltimore General Hospital	1	Ba/fo. township
5 101 5		vrs. Mos. Days	0. 9	STREET ADDRESS (If rural, give location)
7 7		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDDWED, DIVORCED (Specify)	8. 0	DATE OF BIRTH 9. AGE (In years Il Under I Year Il Under 24 Hours Months; Days Hours: Min.
2	10	Female Colored Marnied A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	Và	an. 21,1927 25
1	wor	k done during most of working life, oven if retired) INDUSTRY	1	HOW IN A COUNTRY
1	13	FATHER'S NAME	14.	MOTHER'S MAIDEN NAME
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	1	INFORMANT ADDRESS
1	(Ye	s, no or anknown) (If yes, give war or detes of service) SECURITY NO.	All	ICE LIMITTIN 928 Mason 8H
		18. E975 X 4 372.0 CAUSE	OF I	DEATH INTERVAL BETWEEN ONSET AND GEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)Acute	al	lcoholism
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
		ANTECEDENT CAUSES Drown:	ing	g
	NOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		2
	CATION	UNDERLYING CONDITION LAST. (C)		
	RTIFI	DTHER SIGNIFICANT CONDITIONS CON-		
	CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	\L (19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	A 1101	ON 20. AUTOPSY? YES X NO
	DIC/	21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. OTING CAUSE OF DEATH. 21b. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., et		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
	ME	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE		Hanover Street Bridge 21F. HOW DID INJURY OCCUR?
		pund: 9/8/52 1:00 A em. WHILE AT NOT WHILE AT WORK		Apparently jumped into harbor
		22. I certify that I took charge of the remains described at		Autopsy, Inspection or Inquiry
		the evidence obtained by said Autopsy, Inspection or In and death in my opinion resulted from: natural causes	nquii	tiry, find that said deceased died on the day stated above, accident \square , suicide \square , homicide \square , undetermined \square .
		111:00 -	1	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER
		A. BURJAL. CREMA- 24B. DATE, A4C. NAME OF CEMETER		DR CREMATORY 24D. LOCATION (City, town, or county) (State)
K	76	ATE RECEIVED BY REGISTRAR'S SIGNATURE	201	FUNERAL DIRECTOR ADDRESS SEV
	LC	SEP 12 1952 + + to Williams MP	Ma	a Keti R. Williams Schrocker 1st
	٧	S 151 N-99 X 0 9 5 5 84 6	24	8 4 3 4



	40	0
2 BIRT	84 H No.	39

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8439 Registered No.

BIRTH NO.	***	
1. NAME OF DECEASED (Type or Print)	IALL	2. DATE OF 9-10-5 %
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (V	Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give str		A A L
HOSPITAL OR INSTITUTION UNIV. HOSP.	c. CITY OR TOWN (If	outside corporate limits, write RURAL and give township)
UNIO. NOSB.	130/10.	
	Mos. Ou M. Cala	rural, give location)
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE	Days 3 5 6 6 6 6 6 6 6 6 6	9. AGE (In years f Under 1 Year If Under 24 Hours
F C WIDOWED, DIVO	RCED (Specify) June 8, 1893	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSI		
work done during most of working life, even if retired) Howse World	JINDUSTRY BALLY 91	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME
TRIVAL WILL: NE	Takaka: > 111	4511
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	MEONGICZNN	2 Nall
	URITY NO. 17. INFORMANT	ADDRESS
100	Manie Stowe	HE 31/NSChroader St.
18. 597 X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND OEATH
DISEASE OR CONDITION DIRECTLY		
(This does not mean the mode of dying, e.g., (A)	UREMEA	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(make Tes
	TO Ch. GLOMERULAR.	DEPIRITIS
ANTECEDENT CAUSES		
O DISEASES OR CONDITIONS, IF ANY, GIVING)	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE	то	
ONDERETING CONDITION EAST.)	
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
, 19A. DATE OF OPERATION 19B. MAJOR FINDING	S OF OPERATION	20. AUTOPSY?
¥ A		YES NO L
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory,		If in Baltimore City, give exact location)
	RY OCCURRED 21F. HOW DID INJUR	Y OCCUR?
WHILE AT	NOT WHILE	
m. WORK	AT WORK	2-10:52-10
22. I hereby certify that I attended the deceased	from 7 - 5 - 19 , to	, 19_, that I last saw the
deceased alive on 9-10-52, 19 , and that		
23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
I um R reco	M.O. Um. Ha	
24A. BURIAL CREMA- TON, REMBVAL (Specify)	e of CEMETERY OR CREMATORY 240.	OCATION City, town, or county) (State)
DATE RECEIVED BY PEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 332/
LOCAL REGISTRAR	us. M.P. Mar Rate R.Will	Vianal Scherell St.
	I who your or we	Walls James Comment
VS 150	77 0 - A 44 A 57 C	
E St.	7200 A 3 5	

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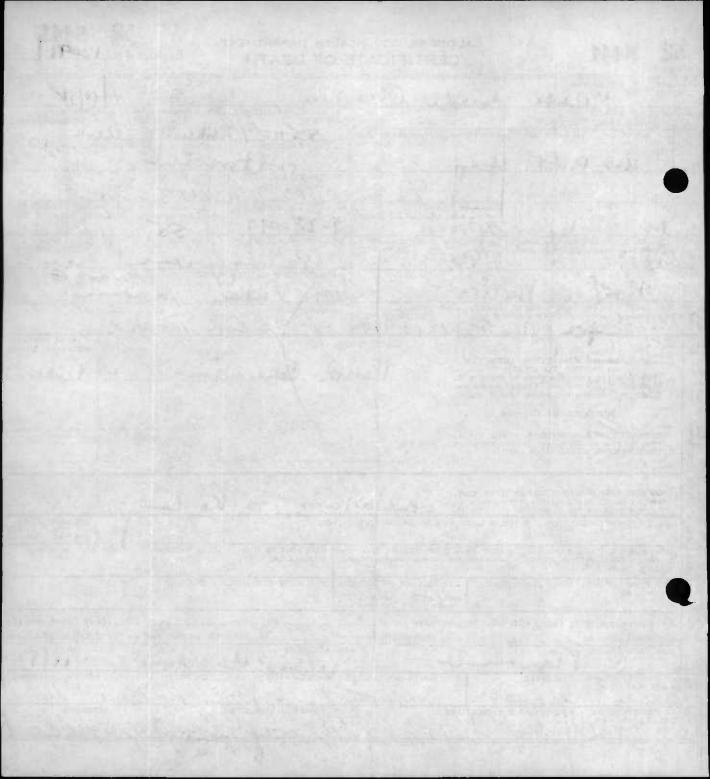
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8440 Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) M, Lp	RED ALER	2. DATE OF 9/11/52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
s. FULL NAME OF (If not in hospital or insti	tution, give street address or	MARYLAND
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside corporate limits write I UR 1, and give
	HOSPITAL	BALTIMORIE 21-1 Journship
	Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	Mos. Devs	7.07 DEERDERNE ROAD
T WID	GLE, MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years il Under I Year Il Under 24 llour last hirthday) Months: Days Hours Min
[] [] [] [] [] [] [] [] [] []	INGLE	DEC. 11872 39
10A. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR rock done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Clerk Gas & Electric Co		Martinsburg, W. Va.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
FRANK V. ALER		MILORED Thompson
15. WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL	17 INFORMANT ADDRESS 4
(Yes, no or unknown) (If yes, give war or dates of service)	212-05-2937	MRS. Sally Clary 4403 Atwick Rd.
DISEASE OR CONDITION DIRECTI LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RELEASE OR CONDITION CAUSIN	e.g., (A) Hypertices, ease, ease, ath.) DUE TO (B)	OF DEATH Parcula Resident and DEAT MANNET AND DEAT MANNE CONSETT AND
	OR FINDINGS OF OPER	RATION 20. AUTOPSY?
V V		YEB NO
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D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY	WHILE AT NOT WHILE	
22. I hereby certify that, I attended t		8/24 1954 to 9/11 , 1957 that I last saw th
deceased alive on g	and that death occur	rred at 5 m., from the causes and on the date stated abov
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(15.116.115 mi	& M.D.	Union Memore 9-11-02
24A. BURIAL, CREMA- TION REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State
Entombment Sept. 13,1952	2 Lorraine Park	
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR'S SIGNAL SIGNAL SIGNAL SIGNAL SIGNAL SIGNAL SIGNAL SIGNAL SIGNAL	. 1//// (Auorau 4510 Liberty
VS 150		A 3 6) Heights Ave-
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THE REAL PROPERTY.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1700 CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deccased lived, If institution residence B. COUN A. STATE before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) e limits, write RU HOSPITAL OR INSTITUTION (If rural, give) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days AGE Un years Il Under 1 Years Il Under 24 Hours last birthday) Months: Days Hours Min. 7. SHAREE, MARRIED 5. SEX 6 COLOR OR RACE arried 11. BIRTHPLACE (State or fireign country TIZEN OF BUSINESS' OR 10A. USUAL OCCUPATION (Give kind of INDUSTRY k done during mast of working life, even if retired) 13. FATHER'S NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO 2-03-INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. INJURY OCCUR? LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? _, 19___, to___ ___, 19___, that I last saw the 22. I hereby certify that I attended the deceased from___ ... and that death occurred at____ _m., from the causes and on the date state above. deceased alive on_ 19_ 23B. ADDRESS 23c. DATE SILVED 23A. SIGNATURE 24D. LOCATION (City, town, or colin 24A. BURIAL, CREMA-TION, REMOVAL (Specify) ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150



BIRTH NO 1. NAME OF DECEASED (Type or Print)

52 8442

Registered No_ CERTIFICATE OF DEATH 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits write RERA hand give INSTITUTION township) (If rural, give location) D. STREET ADDRESS Yrs. Mos. Aigth of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? appren diax of white I have 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. 573.1 CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
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REMOVAL (Specify

24C. AME OF CEMETERY OR CREMATORY

ION (City, town, or county)

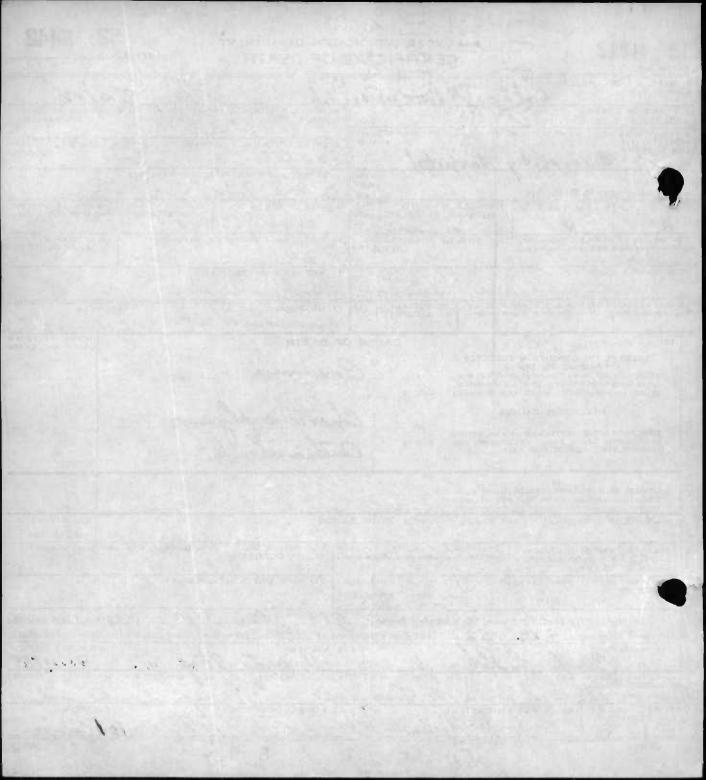
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150



52 8443

4101 Edmondson Ave.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Anna T.A. Powler OF Sept. 11/52 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence
B. COUNTY
ore admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland Lud . B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN INSTITUTION 613 S. Bentalou St. Bal timore D. STREET ADDRESS (If rurnl, give location) 613 S. Bentalou St. igth of stay in Baltimore Davs 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year If Under 24 Hours Min. MANIDOWED DIVORCED (Specify) Temale Oct. 18.1874 IOA. USUAL OCCUPATION (Give kind of IOB, KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? OWN HOME Germany H. W. IS FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown ---Serbe 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Louis P.W. Fowler . 613 S. Bentalou St INTERVAL BETWEEN 18. 4/22,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebral Hemonbuye ardio-Fascular desence LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 218. PLACE OF INJURY (e. g., in or 2Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from any 30 , 1957 to 2 10 , 1952 that I last saw the deceased alive on 5. 11, 1952, and that death occurred at 3 Am., from the causes and on the date stated above. 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) HON REMOVAL (Specify Druid Ridge Pikesville. Ld. DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

MINACORARDIZA INCUAZIO E NACIO ENTORIZANTE IL See Document File 52-8444 for Autopsy findings.

350
52 8445
NAME OF DECEAS

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8445 Registered No.

B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Section Analysis of the stay in Baltimore To all the section of the stay in Baltimore To all the section of the stay in Baltimore To all the section of the sectio	before admission) c limits, write RUIMI and give township) on) ars it Under I Year it Under 24 Hours y) Months: Days Hours Min.
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TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOP YES NOT NOT WHILE AT WORK 1 AT WORK 1 AT WORK 1 AT WORK 1 AT WORK 21F. HOW DID INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? INJURY OCCUR? CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? INJURY OCCUR? INJURY OCCUR? INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? INJURY OCCUR? INJURY OCCUR? INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? INJURY OCCUR? INJURY OCCUR? INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 31F. HOW DID INJURY OCCUR? 3	Oity, give exact location) 19 2 that I last saw the on the date stated above, town, one winty (State)

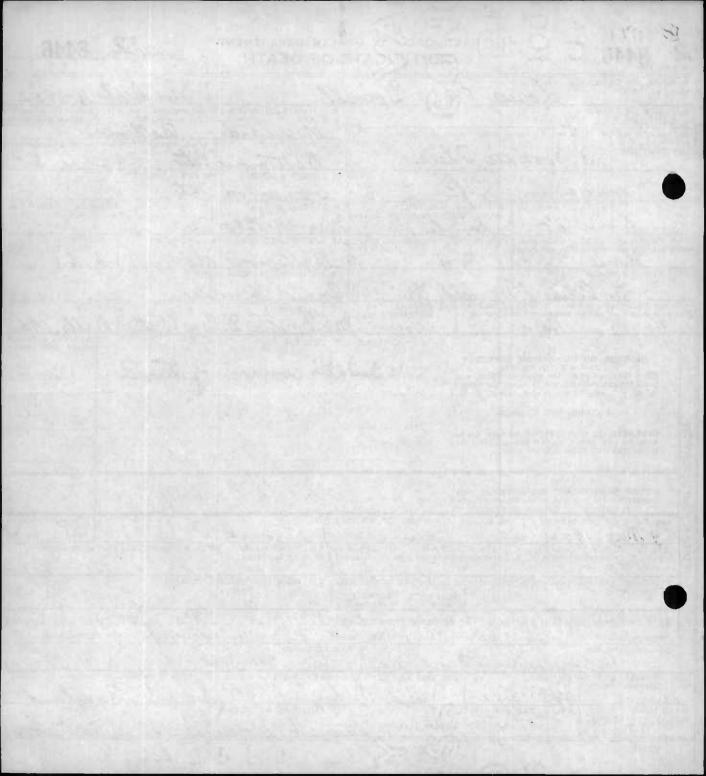
952000811 Pity#1.

-4	00
52	8446
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8446

1. NAME OF DECEASED Louise Cana Down	ell 2. DATE OF DEATH SUBJ-11-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased liver, If institution; residence a. STATE B. GOUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give
INSTITUTION 3 Goodale Place	Baltimore City 7-0 tomship)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
angth of stay in Baltimore Days	Homewood Upts.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired)	Bath What country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
4. Oding Danell In	Paris Toler Ble.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no None None	nr. D nother D. Care (sister) Balto Md.
18. / \ CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	-4.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ates carcinoma of stomach. 18 mos.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
of 9 May 1952 Caremona	1 stamach. YES NO
2 fa. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING bout home, farm, factory, street, office bidg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	1929, to 9/11, 1957, that I last saw the
deceased alive on 9/6, 1952, and that death occur	
Slonge ly humanings of M.D.	38. ADDRESS 23C. DATE SIGNED 9/12/x L
244. BURIAL, CREMA- 148. DATE 244. NAME OF CEMETER TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	28. FUNERAL DIRECTOR ADDRESS
SEP 131952 Huntington Walliams, M.	twart & Mowen G. 108 W. North are
VS 150	000000000000000000000000000000000000000



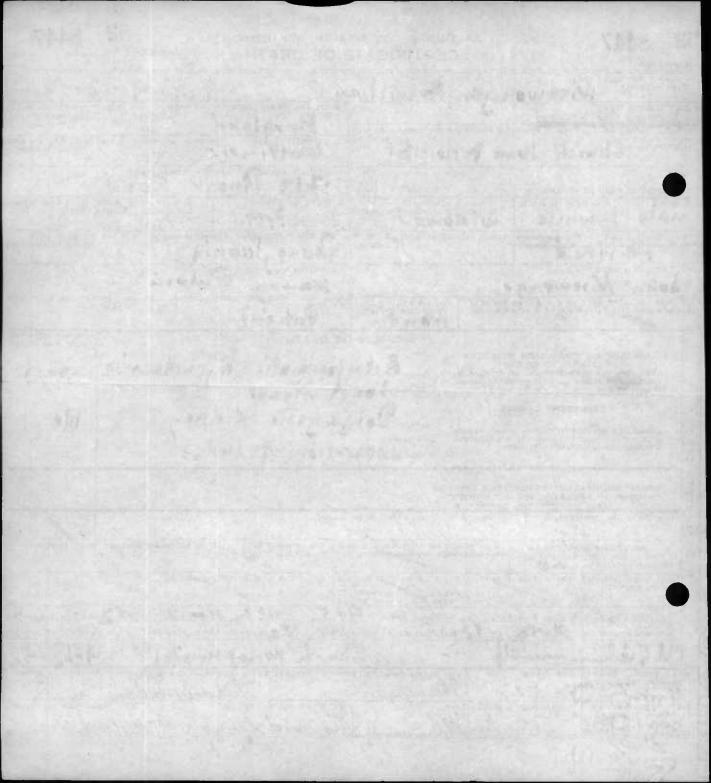
NiseWonger

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8447

Registered No.

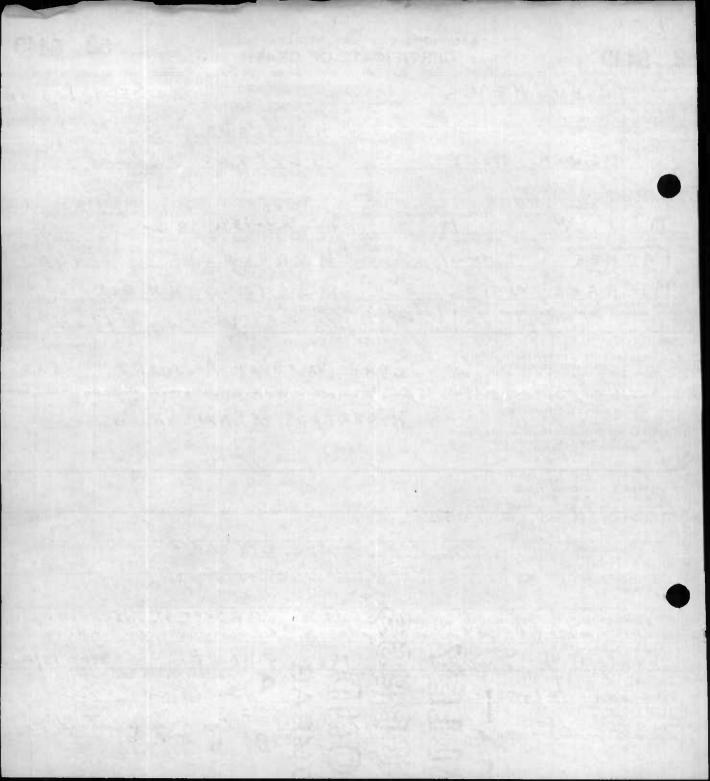
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) VISE WENGER IN VILLAM C	2. DATE OF Q-/2-52
B. FULL NAME OF (If not in hospital or institution, give street address or	here deceased lived. If institution: residence B. COUNTY/// before admission)
HOSPITAL OR Church Home + Hospital location) c. C. C. C. C. TOWN (If	outside eorporate limits, write RURAL and give
c. Light of stay in Baltimore Yrs. Mos. Days Days	rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) June 6. 1874	9. AGE (In years fi Under I Year M Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, e to if retired) 10B. KIND OF BUSINESS OR INDUSTRY	reign/country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Melocia
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
18. 420.0 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Weigeneins Acons
injury or complication which eaused death.) OUE TO	Lite.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c) JAVAVA11011	135
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, at real office bidg., etc.) INJURY OCCUR?	f in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY WHILE AT WORK AT WORK	OCCUR?
22. I hereby certify that I attended the deceased from 9-7, 1957 to	1-13, 1972hat I last saw the
	he causes and on the date stated above
M.D. Church Homes +	CATION (City, town, or county) (State)
Berteal, 9-16.57 Thompson Hills	dales Indiana Co. Pa
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR THINTINGTON Williams II Down Afron	address as 3-1010 Mortels are
Ve 150	L'I P



Participant and turisted Eulergenging ...TA c diffe a class of class to constitute the The state of the s

-200 52rr 8449	BALTIMORE CITY HE		Registered N52
1. NAME OF DECEASED (Type or Print) 30 HN WW E	155		OF DEATH SFPT.
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If instituti B. COUNTY
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION MERCY	institution, give street address or location)		outside corporate limits, write Rual

(T	ype or Print) JOHN W.WEISS	OF SFPT. 12,1452
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission
В.	FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND Bullo
	OSPITAL OR location)	township
3	MERCY HOSP.	D. STREET ADDRESS (If rural, give location)
c.	Mos. Mos. Description:	5300
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED' WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (1n years last birthday) Months: Days Hours: Min
	A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTRY	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	FARMER	MARYLAND USA.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
4 =	MICHAEL WEISS	MARIE SCHNEID
(Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give per or dates of service) (If yes, give per or dates of service) SECURITY NO.	Mes Welen Weiss, where Mes
	18. LUZY CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	O VASCULAR ACCIDENT Ydays
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	RTENSIVE CARDO VAS. DES.
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING	NI Z P 3/12 VA NO 143. 043.
CATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
	(C)	
ERTIF	OTHER SIGNIFICANT CONDITIONS CON-	
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
SAL		YES ND
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
	FINJURY WHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from SF	PT 8, 1952, to SEPT 12, 1964, that I last saw t.
	deceased alive on SEPT. 11, 1952, and that death occu	rred at 1 m., from the causes and on the date stated about
	23A SIGNATURE	23B. ADDRESS 23C. DATE SIGNE
2	4A. BURIAL, CREMA-1 248. DATE 24C. NAME, OF CEMETE	MERCY HOSP. PEPT 12/192 ERY DR CREMATORY 24D. LOCATION (City, town, or county) (State
Ti	ON, REMOVAL (Specify)	12 14 0 > > >
	D ((()) - () / () / () / ()	e (Dull) Co YOU
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	Burgal 9-14-52 June	25. FUNERAL DIRECTOR ADDRESS ALD CH Ston Heusbrite of MA
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	35. FUNERAL DIRECTOR ADDRESS SAW Off Inton Heursprited My

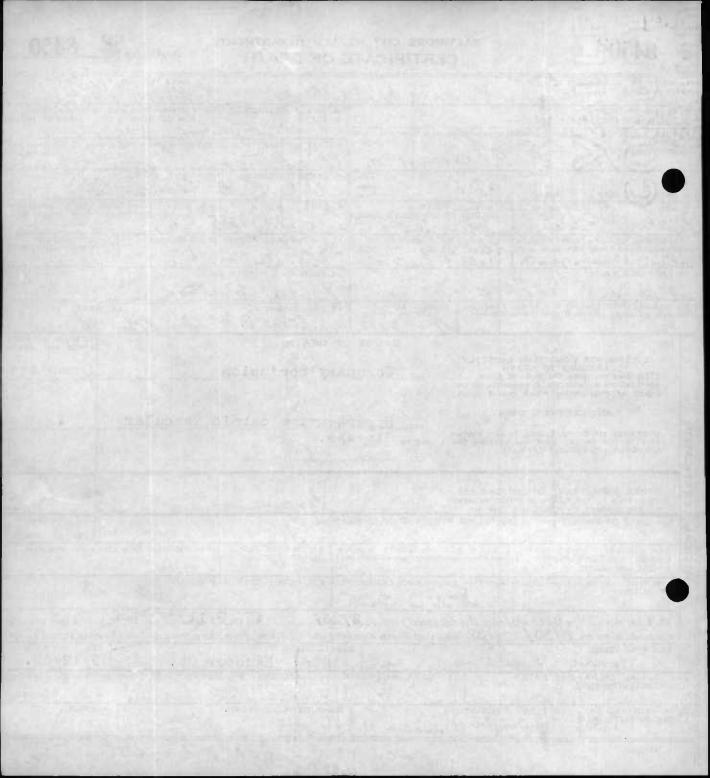


2 8450 BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT

Registered \$2 8450

ВІ	RTH NO.	CERTIFICA	L OI BEATTI		
1.	NAME OF DECEASED	NEDWARD WIL	LLis	2. DATE HUN.	952.
A.	PLACE OF DEATH: Baltimore City, Maryland —		4. USUAL RESIDENCE (V	Where deceased lived. If ins	before admission)
HC	FULL NAME OF (If not in hospit OSPITAL OR STITUTION //8	tal or institution, give street address location St.	(If altino	outside corporate limits,	write RURAL and give township)
C.	Length of stay in Baltimore	26 Yrs	11957	rural, give focation	3.
	sex 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci	March 22, 188	9. AGE (In years lf lin last birthday) Mont	der 1 Year hs: Days Hours Min.
ork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Place Novel Machine Operator		Thouster Co.	oreign country) 1:	WHAT COUNTRY?
13	FATHER'S NAME	elis	14 MOTHER'S MAIDEN N	etton	
Yes	. WAS DECEASED EVER IN U. S. ARME s, no or unknown) (If yes, give war or date		mrs. Ethel P. W	illis (Wife)	Pame
	18. 42011	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			immediate	
FICATION	ANTECEDENT CAUSTIONS, INTERPRETATE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	IF ANY, GIVING STATING THE DUE TO disc		vascular	?
CERTIF	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	rione		
AL O	19A. DATE OF OPERATION	19B, MAJOR FINDINGS OF OP	ERATION		YES NO
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. sbout home, farm, factory, street, office bld		If in Baltimore City, giv	re exact location)
2	ID. TIME (Month) (Day) (Year FINJURY	r) (Hour) 21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR	LETT	Y OCCUR?	
	22. I hereby certify that I at deceased alive on 8/30/	ttended the deceased from	9/26/, 1945, to 9	$\frac{1}{1}$, $\frac{52}{152}$,	that I last saw the
	23A. SIGNATURE	Deilel M.D.	23B. ADDRESS 1226 Hanove		9/12/52.
21100	4A. BURIAL, CREMA-124B. DATE on REMOVAL (Specify) ATE RECEIVED BY TREGISTRAR			Pen Bernie	r county) (State) 9.9.6.44 ADDRESS
L	OCAL REGISTRARE T	ington Williams, M	A G. Howan	downs	
	VS 150	903A 1400	s. chosass	X. Wools	30, mol.



236 52 8451 BIRTH NO.	BALTIMORE CERT
1. NAME OF DECEASED (Type or Print)	William
3. PLACE OF DEATH:	

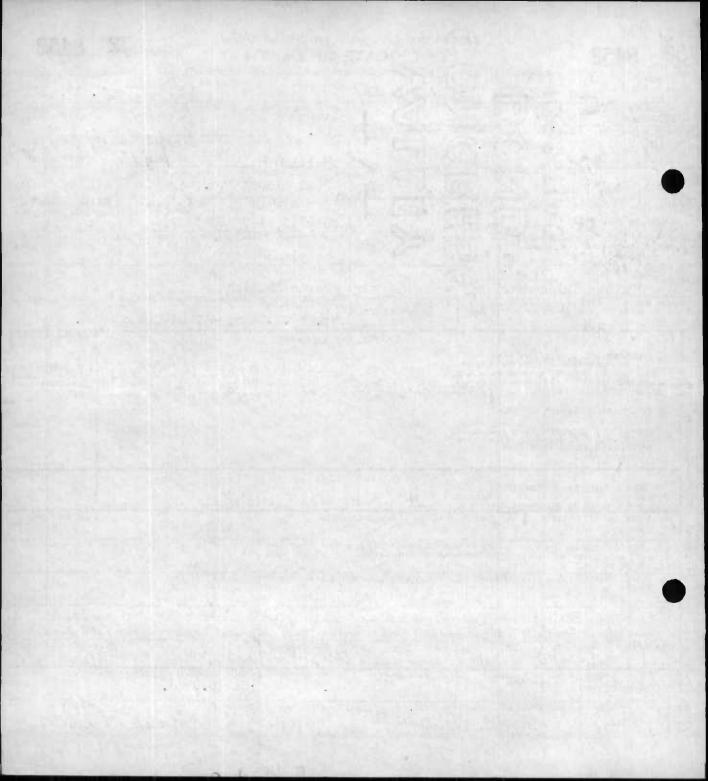
FICATE OF DEATH Registered No. 2 8451

2	ICITI IIO.			The state of the s			
	NAME OF DI	CEASED TOC	Lin	liam (Will	iam Coster)	2. DATE OF DEATH OPPA	12.10-2
	PLACE OF DE Baltimore C	ity, Maryland		1.44.7.13	4. USUAL RESIDENCE		itution: residence before admission)
H	FULL NAME O	2724 D.		ion, give street address or location)		f outside corporate limits, wr	rite RURAL and give
IN	Dact	ars Hose	ital:	Balto md.	Baltimor	- Enno	township)
K	0		1:0	Yrs. Mos.	11400	rural, give location)	# ,
-	SEX SEX	ay in Baltimore 6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIRTH	9 AGE (In years) if Under	r I Year If Under 24 Hours
n	1ale	White	Wic	Lowed (Specify)	Nov.14th.1890	last hirthday) Months	28 Hours Min.
10 rorl	A. USUAL OCC	CUPATION (Give kind o f working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12.	CITIZEN OF WHAT COUNTRY?
13	Bottle FATHER'S N		Brew	ery	14. MOTHER'S MAIDEN N		U.S.A.
	James T				Eliza Jane Me	dley	
1 E (Ye	NO OF UNKNOWN)	D EVER IN U. S. ARME (If yes, give war or dat None	D FORCES? em of service)	16. SOCIAL 216-05-4114	17. INFORMANT Mrs.Evelyn L.C	oultard-4402 Ric	
	18. Hz	00		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION LEADING TO DEA not mean the mode	TH	G.	chral Emle	alia	12hrs
	heart failui	rc, asthenia, etc. It me complication which	ans the discas	ie,			
		ANTECEDENT CAU	SES	C	reular 7	?. 0 1:00 Ti	21/2 4.
O		OR CONDITIONS,		NG .			a c fr
CAT		ING CONDITION L		(c)	temoseleno	The Heart De	= 2/2 gr
LE		11					
ER	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED A A A	raling arts	The selesse.	10 415
AL C				FINDINGS OF OPER	RATION U		20. AUTOPSY?
EDIC	21A. ACCID. LYING OF I	ENT WAS UNDER- CONTRIBUTING		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City, give	exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT WORK AT WORK		2	
		y certify that I at		deceased from L	red at 11:25 m., from		hat I last saw the
	23A. SIGNAT		0		3B ADDRESS		35 DATE SIGNED
20	4A. BURIAL, C	REMA- 248. DATE	1h	M. D.	RY OR PREMATORY I 24D. L	OCATION (City, town, or c	county) (State)
	Burial (S	9-16-19		Holy Redeemen	//	air Rd.Balto:Md	
D.	SELPRIGIST	RAM'/	's SIGNATI	Williams, M.F.	George J.Ruth,I		d Avenue
	VS 150		0	690 4	6 0000	17	
				2 61 11		and the second second	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ADELE THIENEMAN	NN KANNE		2. DATE OF DEATH S	ept. 12	, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. In B. COUNTY	f institution: befo	residence re admission)
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR 2411 Linden Ave.	street address or location)	c. CITY OR TOWN (If	outside corporate limi	ts, yr)te LUI	RAL and give township)
		Baltimore	10	01	township)
c. Lingth of stay in Baltimore	Yrs. Mos. Days	2411 Linden Ave			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARK	RIED.	B. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year	It Under 24 Hours Hours: Min.
female white married	ORCED (Specify)	July 12, 1875	77	Onthe Days	nours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BU ork done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZI	EN OF
housewife at home		Maryland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
Charles Thienemann		Marie Rudolph			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes. give war or dates of service) SE	CURITY NO.	Mr. Wm.G.Kanne		ADDRESS	
18. 1971	CAUSE	OF DEATH			AL BETWEEN
DISEASE OR CONDITION DIRECTLY		(1	-1P	ONSET	AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) Darc	uma (Kaposi	? Janne	175	0
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	JE TO	Stron	Acis		
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)		••••••		
	JE TO				
	(C)	***************************************	***************************************		***************************************
<u> </u>					LUI DE
OTHER SIGNIFICANT CONDITIONS CON-	the nate	unio - antenio		1	
TO THE DISEASE OR CONDITION CAUSING IT	NGS OF OPER	ATION		120 A	 UTOPSY?
- O	_			YES] NO []
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factor CAUSE OF DEATH	INJURY (e. g., in ry,street,office bldg.,e		f in Baltimore City,	give exact I	ocation)
ID. TIME (Month) (Day) (Year) (Hour) 21E. IN.	JURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?		
INJURY WHILE AT WORK	NOT WHILE				
22. I hereby certify that I attended the deceas	ed from O	1950/ to S	ept 17, 195	that I le	ast saw the
deceased alive on Serve 9 191 Y. and the	at death occur	red at 7 m., from t	he causes and on	the date st	ated above.
23A. SIGNATURE	M. D.	3B. ADDRESS	Beltom, 2	9/12	TE SIGNED
	Me of CEMETER don Park C		OCATION (City, town	n, or county	(State)
SFP 13 1952 REGISTRAR'S SIGNATURE	us, M.P.	25 FUNERAL DIRECTOR	ickner	APORES S	N
VS 150	** 6		Batto	17.1	nd.



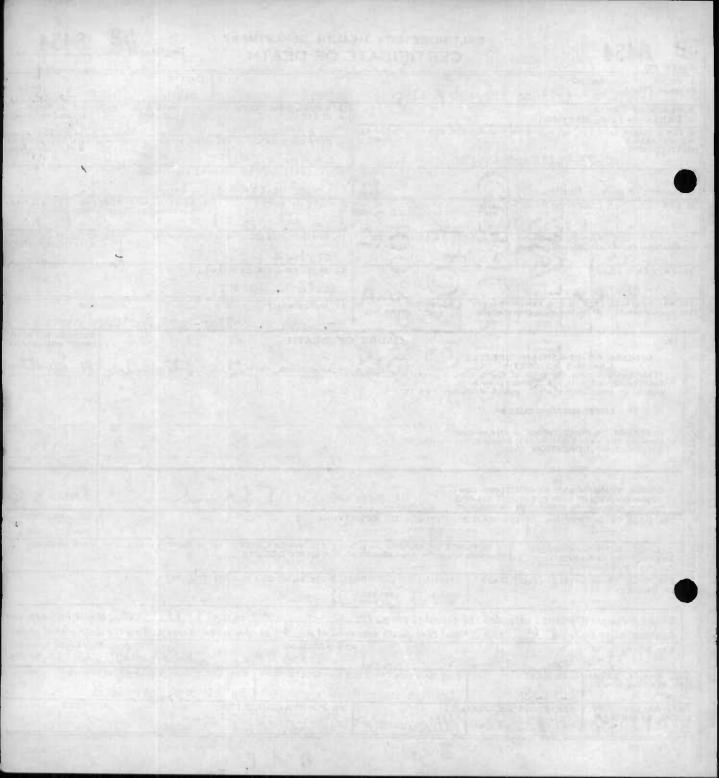
CERTIFICATE CORRECTED OCT. 2 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) SGLO MANG LEACH DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION IERCY D. STREET ADDRESS (If rural, give location) Mos. GUILFORD igth of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. M . 74 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Salesman RV self employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James M. Leach 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO no Mrs. Rebecca M. Leach-3009 Guilford INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH . of prostate (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, metastasis to peri aortic injury or complication which caused death.) DUE TO lymph nodes and tiorocic ver ebrae ANTECEDENT CAUSES ATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES V 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK AT WORK 1952 to Sunt 1 , 1952 that I last saw the 22. I hereby certify that I attended the deceased from Sent 3 deceased alive on Soft 1) 1952, and that death occurred at _m., from the causes and on the date stated above. STENATURE 23B. ADDRESS 23c. DATE SIGNED HOSPITA 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or equaty) TION REMOVAL (Specify) Loudon Park Cem. Balto., Md. aus. M. FYNERAL BIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATUREA CED 1 3 1952 VS 150

A M G. III EN ROLL

correct age is especially important. Physicians: piease write the causes of ucan creaty and referring

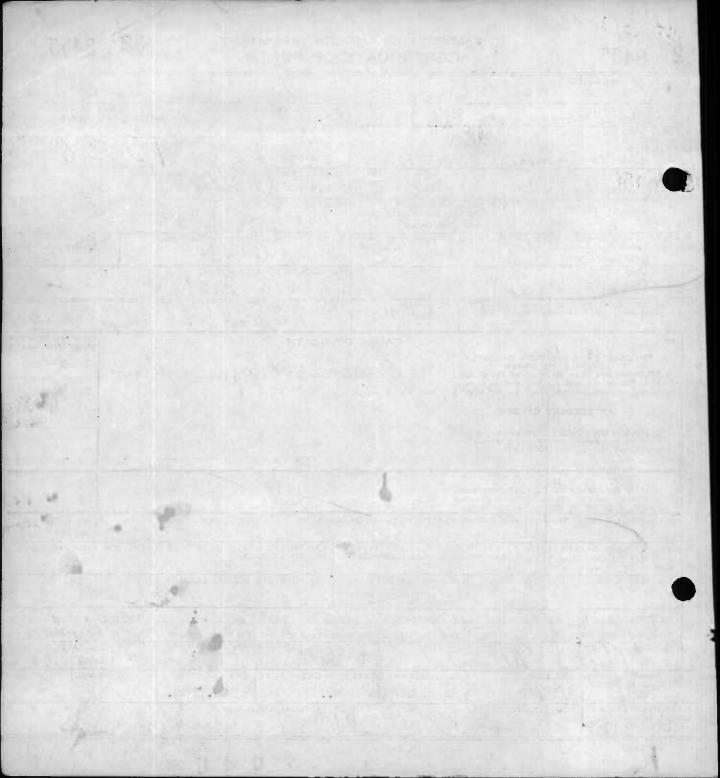
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.			OLIVINI TOATI			
1. NAME OF D (Type or Print)					2. DATE	1 77 7070
		Stewar	rt Moller		DEATHSEPT	ember 11, 1952
a. Baltimore	City, Maryland			4. USUAL RESIDENCE	Where deceased lived, I B. COUNTY	If institution: residence before admission)
B. FULL NAME		al or institut	ion, give street address or	Maryland		07
HOSPITAL OR			location)	C. CITY OR TOWN	If outside corporate line	its, write RULAL and give township)
	2427 Guilfor	d Avenu	ie	Raltimore	10	VO TO SEDILLED
		34.79(1.2)	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	
c. Length of s	stay in Baltimore		Days	2127 Guilfor		
5. SEX	6. COLOR DR RACE	7. SINGLI	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year If Under 24 licuis
Female	White	Wide		June 18, 1872	80	
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewi	0	At Ho		Maryland		WHAT COOKING
13. FATHER'S				14. MOTHER'S MAIDEN	NAME	
John W	Stewart			Maria L. Hoope	r	
15. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown)	(11 yes, give war or date	s of service)	SECURITY NO.	Mr. John W. Mol		
No	None		CALICE		Tel-sasi our.	INTERVAL BETWEEN
18. / 5	/ × 1		CAUSE	OF DEATH		DNSET AND DEATH
	SE OR CONDITION LEADING TO DEAT	ГН	C	. Samuel of H	a stomas	4 Mouths
	s not mean the mode oure, asthenia, etc. It mea			aroua y M	~ Admos	
	complication which			V		
	ANTECEDENT CAUS	SES				
z				***************************************		***************************************
RISE TO T	S OR CONDITIONS, I	STATING TI				
NNDERL'	YING CONDITION LA	ST.	(C)			
<u> </u>						
	II SIGNIFICANT CONDI	TIONS COL	٧.	-1		
W TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	ed Coro	uny w	oulous	3 year 8 16
			FINDINGS OF OPER	RATION		20. AUTOPSY?
A	0	-				YES ND
21A. ACCIE	DENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City	, give exact location)
LYING O	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
DF INJURY			WHILE AT NOT WHILE			
1		m.	WORK L AT WORK	2 0	1 1 11	Classical
22. I herel	by certify that I att	tended the	deceased from 15 -			2, that I last saw th
		, 195		rred at 6. A. m., from	the causes and on	the date stated above
23A SIGNA	12.11			214 Med	ical Get 12	1 145.12.195
W.)	CREMA-D24B. DATE	RILL	M. D.		LOCATION (City, tow	
TION, REMOVAL	Specify)					V
Burial	9-13-52		Loudon Park C		timore, Mary	ADDRESS
DATE RECEIVE	mark a bed	SSIGNAT	////·	25. FUNERAL DIRECTOR	, /	A st
2F5 131	932 Muntu	gton 1	Villacus, M. J.	Mu Jackne	V& Sous -7	Dellimore 1
VS 150		0, 0	E 0 0			Marlaux
		1 7	and then	O O A E	A	confiand



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		The state of the s	
	NAME OF DECEASED LUCY BEEHLER	2. DATE OF DEATH SEP	1. 11, 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	
	FULL NAME OF (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, wr	
	STITUTION MEMORIAL HOSPITAL	C. CITY OR TOWN (If outside corpo ate limits, wr	township)
	Length of stay in Baltimore 5-6 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under	1 Year II Under 24 Hours
_	WIDOWED, DIVORCED (Specify)	July 9, 1896 last birthday) Months	Days Hours Min.
10/ work	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) 12. MARYLAND	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JOSEPH DAVI'S	CLARA PARLETT	
15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AUS GAND (A/GERT BROWLER	ESS allevale Rd
	18. 456 X CAUSE C	OF DEATH	INTERVAL BETWEEN
	DIGETOR OF COMPLETON PLEASURE	A -010	ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	eminated lugues engthem -	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	is	
	ANTECEDENT CAUSES		A GOOD
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		*****************************
Ē	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
DE.	(C)		•••••
F	II OTHER SIGNIFICANT CONDITIONS CON-		
FR	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		4 16
0	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20, AUTOPSY?
VAI			YES NO
1EDIO	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED FINJURY	ED 21F. HOW DID INJURY OCCUR?	· i
	m. WHILE AT NOT WHILE TO AT WORK		
	- total of the state of the sta	7/15 , 1952, to 9/n , 1952, th	at I last saw the
	deceased alive on 9/11, 1952, and that death occur	red at 6:30 Pm., from the causes and fon the d	ate stated above.
	23A. SIGNATURE S. Allan M.D. 2	2 4 63	entil 195
24	A. BURIAL. (REMA- 248, DATE 24C, NAME OF CEMETE	RY OR CREMATORY 246. LOCATION (City, town, or e	
110	Burial 9/15/52 Loudon Park C	em. Balto, Md.	
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	DRESS
8	SEP 131952 Huntington Villacus, My	Ilm. J. while the	No
	VS 150	Bath 1	7 MA



moual DATE RECEIVED BY

151

REGISTRAR'S

SIGNATURE

25. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT

before admission)

township)

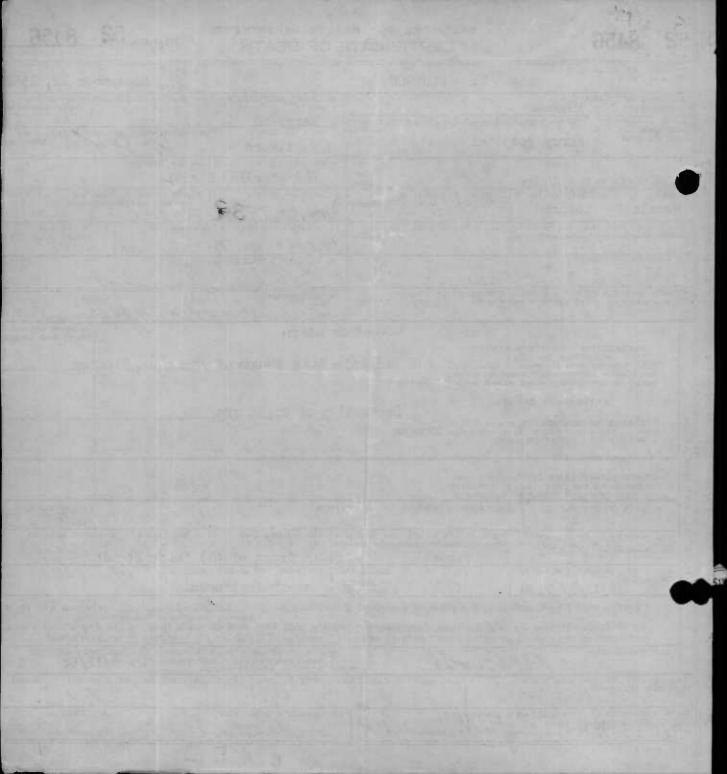
If Under 24 Hours

WHAT COUNTRY

INTERVAL BETWEEN

20. AUTOPSY YES X

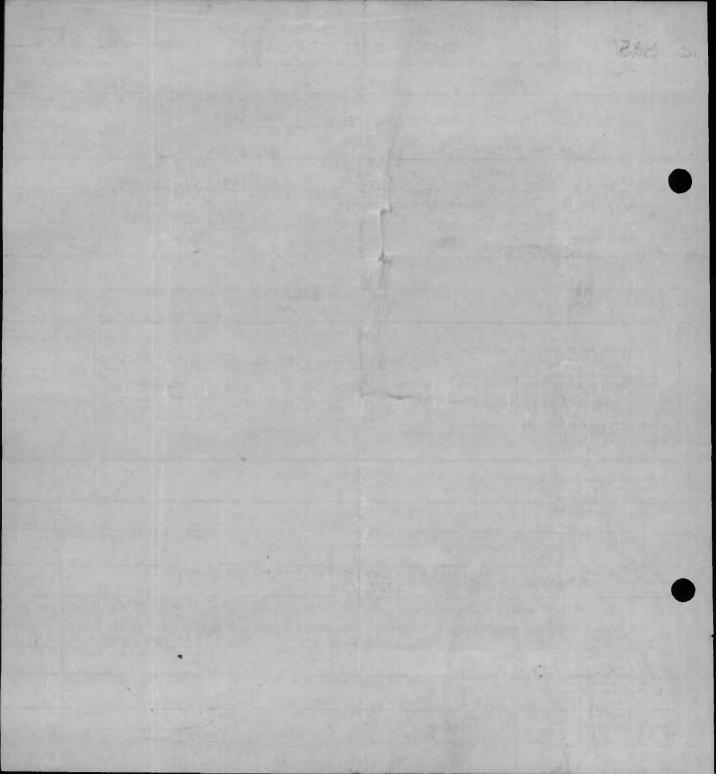
thereon and from



5248099	
BIRTH NO.	

CERTIFICATE OF DEATH Registered No. 8457

	ВІ	RTH NO.	
		NAME OF DECEASED ype or Print) TEDOME DATI DV	2. DATE
		JERUME DAILEI	DEATH September 0, 1952
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
		FULL NAME OF ''f not in hospital or institution, give street address or location)	
		STITUTION	c. CITY OR TOWN (If outside corporate linits, write RUR) L and give township)
	315	Baltimore City Morgue	Baltimore D. STREET ADDRESS (If rural, give location)
		110 Mos.	427 Druid Hill Avenue
	5.	ength of stay in Baltimore ALL Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	R DATE OF RIPTH 19 AGE (In years) If Water 1 Vaer 1 If Hader 24 Hours
31	1	Male Colored WIDOWED, DIVORCED (Specify)	har 212 1904 last birthday Months Days Hours Min.
3 -	10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF
	rorl	done during most of working life, even if retires!). INDUSTRY	maridand WHAT COUNTRY?
	13	FATHER'S NAME ?	14. MOTHER'S/MAIDEN NAME
		11/4/13	7
	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 INFORMANT
	(10:	(if yes, give war or dates of service) SECURITY NO.	Lorotta B. Jones - 711- Teasurs St
		18. 422 CAUSE	OF DEATH
		DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
		(This does not mean the mode of dying, e.g., (A) Arterio	sclerotic cardiovascular disease
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
		ANTECEDENT CAUSES	
	_	(B)	
	Ó	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
	F	UNDERLYING CONDITION LAST. (C)	
9	RTIFICATION		
	Ē	OTHER SIGNIFICANT CONDITIONS CON-	
	ᄖ	TO THE DISEASE OR CONDITION CAUSING IT.	
11	0	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
•	A	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (c. g., in	n or 21C. WHERE DID (If in Baltimore City, give exact location)
		UNDERLYING OR CONTRIB. about home, farm, factory, etreet, office bldg., e	
	M Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
		OF INJURY WHILE AT NOT WHILE	
			bove, held an Inspection & Inquiry thereon and from
pecian			Autopsy, Inspection or Inquiry
100		the evidence obtained by said Autopsy, Inspection or I	Inquiry, find that said deceased died on the day stated above, $x \boxtimes x$, accident $x \boxtimes x$, suicide $x \boxtimes x$, homicide $x \boxtimes x$, undetermined $x \boxtimes x$.
3		23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
1 and 1 and 1		Willia Work M	.D. MEDICAL INVESTIGATOR Sept. 9, 1952
	24 T10	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 249. LOCATION (City, town, or county) (State)
	1	Burial 9/15/52 mt. Ca	Evary Claur Still, Md.
	DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
		SEP 1 3 1952 Huntington Williams M.J.	W. Dalstead - 918- Hruid - Ital
	-	S 151	and a sold come.
		1 20 67 0	of M



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH	H NO.							
	or Print)	PECEASED Ric	hard Wi	lliam Koehler		2. DATE OF DEATH Sept	tember 12, 19	952
	ACE OF E	City, Maryland			4. USUAL RESIDENCE (B. COUNTY	If institution : residence before admis	
B. FULL NAME OF (If not in hospital or institution, give street address or				ion, give street address or location)			its, write RURAL and	laive
INSTI	ITUTION	1205 Sabina	Avenue		Baltimon		town	
		2.0)		Yrs.	D. STREET ADDRESS (I			
		stay in Baltimore	Life	Mos. Days		ina Avenue		
5. SE	x ale	White		E. MARRIED. VED, DIVORCED (Specify)	Nov. 14, 1889	9. AGE (in years last birthday)	Months Days Hours	
10A. L	JSUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	
Stea	am and	Pipe Fitter		INDUSTRY	Maryland		WHATSONN	TRY
13. FA	ATHER'S	NAME	1.73	Cornet	14. MOTHER'S MAIDEN	NAME		
		liam Koehler			Hannah			
(Yes, no	or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
1	No			198-03-1089	Mrs. Frieda Ko	ehler 1205	Sabina Aven	_
18	720			CAUSE	OF DEATH	, .	ONSET AND D	
		SE OR CONDITION LEADING TO DEAT	TH	Con	unary (X)	comboses	2 les	1.
	heart fails	s not mean the mode oure, asthenia, etc. It mea complication which e	ns the diseas	se,				
	injury or			a.) DUE TO		combosis		
z		ANTECEDENT CAUS		(B)	1 perleuny	CVP.C		
5	RISE TO	S OR CONDITIONS, I	STATING TI		6	101	4 2	
8	UNDERL	YING CONDITION LA	ST.	(C)	Jenerry	Muura	ley	
E -		11						-
ERTIFICATION		SIGNIFICANT CONDI						
0		OF OPERATION 1		FINDINGS OF OPER	PATION		l 20. AUTOPS	× 2
	A. DATE	OF OPERATION 1	SB. MAJON	THINDINGS OF OPER	KATION		YES NO	
		DENT WAS UNDER-		ACE OF INJURY (e. g., i		(If in Baltimore City	, give exact location)	
E C	AUSE OF		azout Bomo,	in milacon i acroca omee pidga	INSONY GEEDIN			
	ID. TIME F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		RY OCCUR?		
			m.	WHILE AT NOT WHILE AT WORK			B 0	
			ended the	deceased from_3	- 13, 1950, to_		Sthat I last san	
	cceased a	dive on 9-11	, 19 3 4	and that death occur	rred at	the causes and on	the date stated at	
		aureur (Her	raul M.D.	2711 Dal	und	9-11-3	-2
	REMOVAL (CREMA- 248. DATE	A. (1)	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, toy	vn, or county) (St	tate)
	Burial	Sept. 15	, 1952	Parkwood		Ltimore Co.	Maryland	
LOCA	RECEIVE L REGIS	TRAR REGISTRAR		IAZII.	25. FUNERAL DIRECTOR		ADDRESS	
S	EP 13	3 7954 Thurth	ngton	Villacus, M.	Burgee Funeral	Home 3631	Falls Road	
	VS 150		0	5348	4 Horaces 4. 1	Durgee		
			1	9 代 27日	7 1 1 6 1 0	1		

THE REPORT OF THE PARTY OF THE 20618 186 nov. in Acceptance of the state of I region shape

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8459

2. DATE

(Type or Print) Mrs. Nannie V. Schratke	DEATH September 11, 1952
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write JURAL and give township)
3654 Keswick Road	Baltimore
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 70 years Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH 9. AGE (in years if Under 1 Year Months; Days Hours Min.
Female White Widow	Sept. 6, 1880 72
10A. USUAL OCCUPATION (Give kind of rock done during most of working life, even if retired) At home	11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY? S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Shields	Matilda
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.	Miss Virginia Schratke 3654 Keswick Road
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
99^{γ}	1 ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	cerebral hemorrhage
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	3
	+
Z (B) Hyper	tensive cardio-vascular
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	renal disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
	YES NO X
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office blds	in or 21c. WHERE DID (If in Baltimore City, give exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
FINJURY MHILE AT NOT WHILE AT WORK AT WORK	E
and the descent from	1944 to 9/10. 1952 that I last saw the
22. I hereby certify that I attended the deceased from	urred at 4 A.m., from the causes and on the date stated above.
deceased alive on 1110, 198 E, and that death been 23A. SIGNATURE	
Wy Me Haulf M.D.	23B. ADDRESS 23C. DATE SIGNED
	840 W. 36th St 9/11/52
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMET	840 W. 36 St 1/11/52 TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Sept. 13, 1952 Lorraine Pa	840 W.36 The State of
Burial Sept. 13, 1952 Lorraine Partage Received by Registrar's Signature	840 W.36 The State
Burial Sept. 13, 1952 Lorraine Particle Received By Registrar's Signature	840 W.36 State) FERY OR CREMATORY 240. LOCATION (City, town, or county) (State) ark Baltimore Co., Maryland 25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road
Burial Sept. 13, 1952 Lorraine Partial Registrar's signature Lose Period By Registrar's signature Lose Period Registrary Williams, M.T.	840 W.36 State) FERY OR CREMATORY 240. LOCATION (City, town, or county) (State) ark Baltimore Co., Maryland 25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road
Burial Sept. 13, 1952 Lorraine Partage Received by Registrar's Signature	840 W. 36-St FERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) ark Baltimore Co., Maryland 25. FUNERAL DIRECTOR Burgee Funeral Home 3631 Falls Road Notice 4. Surgee

and the state of t HISTORY NEWSTRAN

BIRTH NO.	CERTIFICATE	E OF DEATH	Registered N	16-0 100
1. NAME OF DECEASED (Type or Print) FANN	IE ELLA HOFFMA	AN	2. DATE OF DEATH SEP	T 12, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI		institution; residence before admission)
B. FULL NAME OF (If not in hospit		Marylan	d	
HOSPITAL OR INSTITUTION 2637 Gai	rrett Avenue	c. CITY OR TOWN (If o		s, write RURAL and give township)
2007 dai	Yrs.	p. STREET ADDRESS (If r		0
c. Length of stay in Baltimore	Mos. Days	2637 Garret		
5. SEX 6. COLOR OR RACE		B. DATE OF BIRTH	9. AGE (In years) #	Under 1 Year If Under 24 Hours nths; Days Hours Min.
female white	widowed	July 18, 1878	74	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore, Mar		
Joseph Robinson		14. MOTHER'S MAIDEN NA		
15. WAS DECEASED EVER IN U. S. ARMEE	D FORCES? 16. SOCIAL	Elizabeth Doug		
(Yes, no or nnknown) (If yes, give war or date	s of service) SECURITY NO.	Mr. Charles L.		DDRESS
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which completely com	DIRECTLY TH of dying, e. g., ins the disease, caused death.) DUE TO SES (B)	sacie mys	************************************	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1	(C)	ATION		20. AUTOPSY?
A				YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baitimore City, a	give exact location)
22. I hereby certify that I att deceased alive on 23A. SIGNATURE	tended the deceased from, 195% and that death occur	8/25, 195760 9	7/11/5×19 e causes and on th	that I last saw the the date stated above.
24A. AVRIAL, CREMA- 24B. DATE TION, LEMOVAL (Specify)	24C. NAME OF CEMETE		CATION (City, town,	
Burial 9/15/	52 St. Paul's		altimore,	Maryland
CFP 13 1952 Huntin	gton Williams My	Lognard J. Ruci	k, 5305 Ha	rford hoad.
VS 150	1 4 5 0	08456		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.						
1. NAME OF D (Type or Print)	ECEASED				2. DATE OF	
		EDWARD	LESTER I	MC FADDEN	DEATH SE.	PT.11, 1952
	City, Maryland	-1		4. USUAL RESIDENCE (V A. STATE Marylan	B. COUNTY	f institution: residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospita	al or institutio	on, give street address or location)			to write RURAL and give
INSTITUTION	3802 Yol	lando R	Road	Baltimo	100	township)
			Yrs.	DAT CITE		
c. Length of s	tay in Baltimore	Talk.	Mos. Days		lo Road	
5. SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED. D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year I Under 24 Hours onths; Days Hours Min.
male	white	wi	.dowed	Dec. 25, 1876	75	
work doneduring most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
carpe				Baltimore, Ma		
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
?				Laura ?		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES Ivedere
			SECOMIT NO.	Mr. Louis P. 1	Mc Fadden,	1532 East
18. VI	13 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY	A 4	1 . 4	.1	
(This does	LEADING TO DEAT not mean the mode o	f dying, e.g.,	W HRICE	210 Sc)PRotic	HYPPRICAL	INT TOURT
heart failu	are, asthenia, etc. It mean	ns the disease,				
			CAR	110-VASCULAR	VI ZEU ZE	
7	ANTECEDENT CAUS	ES				
O DISEASE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE ST.	DUE TO			
Ž			(C)	***************************************	***************************************	***************************************
DISEASE: RISE TO T UNDERLY OTHER S	11					
OTHER S	SIGNIFICANT CONDITION TO THE DEATH, BUT					
O TO THE D	ISEASE OR CONDITION	CAUSING IT.				
	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
V				T /	re to Political City	YES NO
LYING O	R CONTRIBUTING DEATH	about home, far	CE OF INJURY (e. g., i rm,factory,street,office bldg.,	a or 21c. WHERE DID (1 etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
INJURY			HILE AT NOT WHILE			
			WORK AT WORK	5- 26 195240	9-11	50
	y certify that I att		icceased from.	, 10, , 10,	, 19	that I last saw the
deceased a		_, 192_o(a	and that death occur	rred atm., from t	ne causes and on	the date stated above.
6	Mikmy	7. 6	WW///94.D.	5217 10	RK ICH	9.12.52
24A. BURIAL, TION, REMOVAL (S	CREMA- 248 DATE	2	4C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	n, or county) (State)
Buria	1 9/15/	/52	Moreland Me		ltimore, M	
DATE RECEIVE	D BY REGISTRAR	S SIGNATU	RE.	35. FUNERAL DIRECTOR		ADDRESS
SEP T3	1934 Tourt	ugton 1	Villiacus M.F.	Leonard J. Ruc	ck, 5305	Harford hoad
, VS 150		09 5	2000			

Dr. CAMOZA

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L	-20						550	
52	2 846 RTH NO.	52	BAI	CERTIFICAT		-	32 gistered No.	8462
1. (T	NAME OF D	HAMI	LTON	r. QUINCY		2. DAT OF DEAT	н 9-12	
	Baltimore	City, Maryland			4. USUAL RESIDE		sed lived. If, ina COUNTY	titution: residence before admission)
B. HC	FULL NAME SPITAL OR	OF (If not in hospir Windsor Rest	tal or institut	ion, give street address or location)		(If outside con		imore write RURAL and give
IN	STITUTION	3025 Windson			Hernwood			township)
-		stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	ESS (If rural, give	1	300
	Male	6. COLOR OR RACE	Divo	e, MARRIED. /ED, DIVORCED (Specify) rced	2-13-187	7 last b	irthday) Mont	der Your II Under 24 Hours hs Days Hours Min.
work	doneduring most	CCUPATION (Give kind of working life, even if retired		O OF BUSINESS OR INDUSTRY	Paola, K	ansas	ntry) 12	2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S				14. MOTHER'S MA			
15	. WAS DECEAS	io H. Quincy	D FORCES?	I 16. SOCIAL	Mary Rhode	8	· ADÉ	AD ECC
(Yes	No or unknown)	(If yes, give war or date	es of service)	SECURITY NO. 212-12-5349		armer, Woods		RESS
RTIFICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION L. II SIGNIFICANT COND	F ANY, GIVIN STATING TH AST.	(C)				
CEI		G TO THE DEATH, BUT DISEASE OR CONDITION		T. Ceres	end arter	wadern	9	Syro.
CAL	19A. DATE	OF OPERATION 0	19B. MAJOR	FINDINGS OF OPER	RATION			YES NO
MEDIC		DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/ ebout home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	etc.) 21c. WHERE D		more City, giv	e exact location)
	10. TIME F INJURY	(Month) (Day) (Year	· ` '	21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		INJURY OCCUR	?	
		by certify that I at live on Sept 11	tended the	1		to Sept.	. ,	that I last saw the date stated above.
	23A. SIGNA	hour B.	Hum	vity M.D. 3	048 W. Mr	ith ave.	4	33C. DATE SIGNED
TIO	IA. BURIAL, ON, REMOVAL (Specify)		24C NAME OF CEMETE		Ellicott		county) / (State)
	Buria ATE RECEIVE DCAL REGIST	D BY REGISTRAR	's SIGNATI	Good Shephe	rd 25. FUNERAL DIR F.C. Higinbo	ECTOR	A	DDRESS
3	VS 150	June 11 June 1	1 9	5 2 0 0	084	G a		

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	de may calore	0703	
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. Br., Holo to believe	T. Lucie . U. T Lett	Park-Marke	all all
			rep.
10.05.0		Street Small	A-T-MILLER
. Margitta great	La.oc. Sedaburg. 3.		

	- ()				
5	2 8463		EALTH DEPARTMENT E OF DEATH	52 Registered No.	8463
	RTH NO. NAME OF DECRASED,	7 7		2. DATE	1-
	ype or Print) CHARLES	P. DAK	ER	OF DEATH	152
Α.	Baltimore City, Maryland 6 26	Hanover 51	A. STATE		before admission)
H	FULL NAME OF (If not in hospital or in DSFITAL OR ISTITUTION	stitution, give street address or location)		utside exporate limits wriv	RUMI and ay bewnship)
	Length of stay in Paltimore	Dil Yrs. Mos.	D. STREET ADDRESS OF TU	ral/give location)	14
111		Days NOTE, MARRIED. NOWED OVORGED (Specify)	8. DATE OF BIRTH	9. AGE (Im year If Under I You last birthdae) Months D	ays Hours Min.
10 wor	A USUAL OCCUPATION (Give kind of dopodaring post of working line even if retired)	KIND OF BUS AFES OR	11. BIRTHPLACE (State or fore	eign country) 12. Ci	TIZEN OF
13	FATHER'S NAME	us ferec Ob	14. MOTHER'S MAIDEN NAM	ME	1.063
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORC B. no or unknown) (If you, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	17. JA FORMANT	/ ADD/FES	E)
-			Hanash	endell	
	DISEASE OR CONDITION DIREC		OF PEATH		PRVAL BETWEEN SET AND DEATH
	(This does not mean the mode of dyin	g, e. g., (A)	Tonary H	Cartlinea	re 29las
	heart failure, asthenia, etc. It means the injury or complication which caused				
z	ANTECEDENT CAUSES	(B)	rtercock	ense	2 years
FICATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING	0 1 +		
ICA	ONDEREZANTO OCROPTION EACH	(C)	energy		2 year
CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED	,		
AL	19a. DATE OF OPERATION 19B. M.	AJOR FINDINGS OF OPER	RATION		O. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING boul CAUSE OF DEATH	3. PLACE OF INJURY (e. g., i home, farm, factory, street, office bldg.,		in Baltimore City, give exa	act location)
Σ	ID. TIME (Month) (Day) (Year) (Hour			OCCUR?	
		m. WHILE AT NOT WHILE		to lie	
	deceased alive on Sept 22. 1 hereby certify that I attended	the deceased from	mad at 6 30 th from the	that	
	23A. SIGNATURE		23B. ADDRESS		DATE/SIGNED
2	AA. BURIAL, CREMA- 24B. DATE DA PEMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or cour	145 L (State)
	Duriel 7/15/3	7 Holy C	ross A	ACT	HA
	SFP 1 3 1952	- 1/1/-11° / 11 ****	25. FUNERAL DIRECTOR	heran	is /
	VS 150	1 9 5 9 17	1. 6 0 0 10	2	
		and ofthe and	/ / 8 A 5	1	

CERTIFICATE OF DEATH

gistered \$2 8464

191	ATH NO 4)4		JERTIN TOATI	- O. DEATH				
1.	NAME OF D	ECEASED			2. DATE				
			ie V. Wh	itehead	OF DEATH Sept. 12, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution: residence				
A.	Baltimore (City, Maryland			4. USUAL RESIDEN	B. COUNTY	before admission)		
B. HO	FULL NAME OSPITAL OR ISTITUTION	Baltimore Ci	ty Hospi	n, give street address or tals location)	C. CITY OR TOWN	(If outside corporate limi	ts, Inte RURAL and give township)		
		4910 Bastern	Avenue		Baltimore	10	W Wilship)		
	Length of s	tay in Baltimore	3	Yrs. Mos. Days		s (If rural, give location) 940 Eastern Avent	us		
-	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	V . 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Il Under I Year Il Under 24 Hours onths Days Hours Min.		
	Female	White	Midor		Oct. 18, 186	89			
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	Marylan	ate or forcign country)	12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S	NAME			14. MOTHER'S MAII				
		Edward Jo	hnson		Annie W	altfield			
	. WAS DECEAS e, no or nnknown)	ED EVER IN U.S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B.	C. H. 4940 Easte	ADDRESS rn Avenue		
-	18. ± a	10 h		CAUSE	OF DEATH		INTERVAL BETWEEN		
	L /	SE OR CONDITION	DIRECTLY			ь п і —	ONSET AND DEATH		
		LEADING TO DEAT	TH		Fractured Lef	e urb			
	heart failt	re, asthenla, etc. It mea	ns the disease						
	1								
7		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CERTIFICATION APPROVED BY M. D.							
0		S OR CONDITIONS, I			TION	APPROVED			
A		YING CONDITION LA		(C)	PERTIFICATION	1/1/			
RTIFICATION					OLIV				
E	OTHER S	II SIGNIFICANT CONDI	ITIONS CON	A STATE OF THE	11 tillien	MEDICAL EXAMINER.			
CEF	TRIBUTING	S TO THE DEATH, BUT	NOT RELATED		OR ASST	\$ m			
		OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?		
¥	6-12-	-52		left femur			YES NO		
EDICAL	LYING O CAUSE OF	DENT WAS UNDER OR CONTRIBUTING DEATH	about home, fa	CE OF INJURY (e. g., in factory, street, office bldg., ITY B. H.	ow.) INJURY OCCUR	B. C. H. 4940	Eastern Avenue		
1	ID. TIME F INJURY	(Month) (Day) (Year 6- 10-) (Hour) 2 517:154 w	THE AT NOT WHILE WORK AT WORK	Patient h	ooked foot in le	g of bed fell		
					2 1.1541948	9-12 15	2 short 7 look ones sho		
	deceased of	TURE -		ina that death occu	23B. ADDRESS	A A	23C. DATE SIGNED		
	H	. e . go hum	تردون	solved M. D.	4940 Eastern				
2	AA. BURIAL.	CREMA- 248. DATE	2	4c. NAME OF CEMETE	ERY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)		
1	Bureal	9/13	152	Western		Edmanston 1	her		
0	ATE RECEIVE	D BY REGISTRAR	SSIGNATU	RE	25. FUNERAL DIRE	ECTOR	ADDRESS		
	SEP 13		aton W	thame, M.F.	taul Elehen	ancet for 8615-17	Chesturo fues		
	VS 150		1 7 5	TO BE APPROVE	ED BY MEDICAL	EXAMINER			
11	//	820.1			0 4				

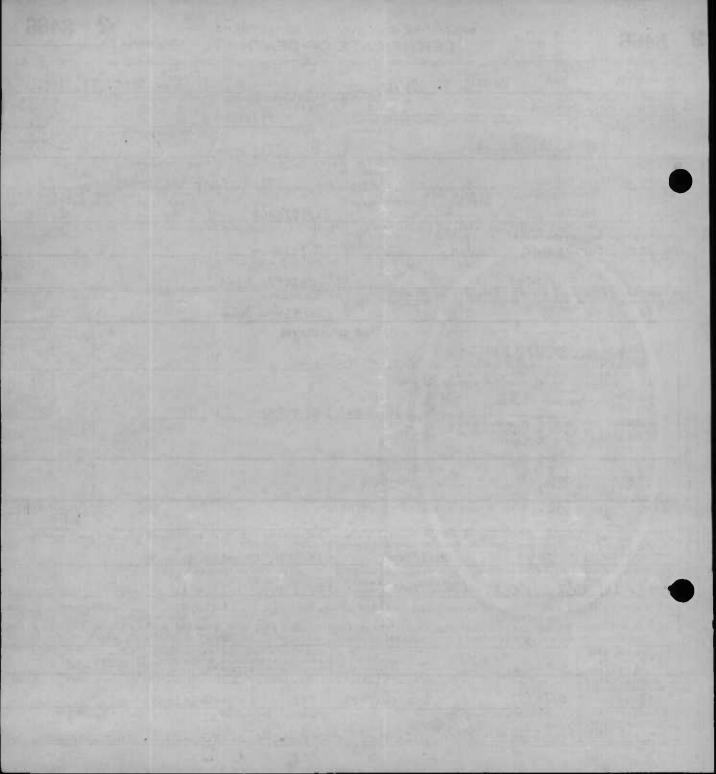
507\$. 2 . 30 E 1 America Promiss CHARLES WERE SEED OF THE SEED . STEWER ser vicinia i dell'in l'in a l'esui The Thou Tarretorn Cont. Cal. Martines AMERICAN TO CHARLES IN D. CO. En.

52 BIR	2 45 7 8465 TH NO.			EALTH DEPARTMENT	Registered I	2 8465
	NAME OF DECEASED	William			OF DEATH Sept	Tanker 11 1952
A. I	PLACE OF DEATH: Baltimore City, Maryla: ULL NAME OF (If not in		. give street address or	4. USUAL RESIDENCE (institution: residence before admission)
HOS	SPITAL OR	NS HOPKINS HO	location)	alrendeen	V	s, write RURAL and give township)
c. 5. S	ngth of stay in Baltin		Yrs. Mos. Days	Route # 2	6	If Undar Year If Under 24 Hours
Fe	mule White	WIDOWEL	D. DIVORCED (Specify)	2-) \-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	last birthday) Mo	If Under 1 Year II Under 24 Hours onths Days Hours Min.
work d	one during most of working life, even		Wester	Bruch 4	.Va	WHAT COUNTRY?
	Bustick Es	itel		many ad	kins	
	WAS DECEASED EVER IN U.S no or unknown) (If yes, give we	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	HNS HOPKINS	DDRESS HOSPITAII
NO	DISEASE OR CONDI- LEADING TO (This does not mean the heart failure, asthenia, etc injury or complication of	D DEATH mode of dying, e. g., It means the disease, which caused death.) CAUSES	(A)	DE DEATH		ONSET AND DEATH
-	DISEASES OR CONDITI					
ICAT	DISEASES OR CONDITI	SE (A) STATING THE	(c). Epid	remail CA4	uteri	9-11-82
CERTIFICATION	RISE TO THE ABOVE CAU	SE (A) STATING THE ION LAST. CONDITIONS CON-	(c) Poud	Permiler 4	uteri	9-11-82
CERTI	RISE TO THE ABOVE CAU UNDERLYING CONDIT II OTHER SIGNIFICANT TRIBUTING TO THE DEAT	SE (A) STATING THE ION LAST. CONDITIONS CON- H, BUT NOT RELATED NOITION CAUSING IT.	(c) Could	•	uteri	9-11-52
EDICAL CERTI	RISE TO THE ABOVE CAU UNDERLYING CONDIT II OTHER SIGNIFICANT TRIBUTING TO THE DEAT TO THE DISEASE OR CON	CONDITIONS CON- H, BUT NOT RELATED NOTION CAUSING IT. 198, MAJOR F	(c) Epid	ATION or 21c. WHERE DID	If in Baltimore City,	YES NO
MEDICAL CERTI	RISE TO THE ABOVE CAU UNDERLYING CONDIT	CONDITIONS CON- H, BUT NOT RELATED NOTION CAUSING IT. 198. MAJOR F DER. 218. PLAC TING about bome, farr (Year) (Hour) 21	INDINGS OF OPER	EATION a or 21c. WHERE DID 1NJURY OCCUR? ED 21f. HOW DID INJUR	If in Baltimore City,	YES NO
MEDICAL CERTI	RISE TO THE ABOVE CAU UNDERLYING CONDIT	CONDITIONS CON- H, BUT NOT RELATED NOTIFIC CAUSING IT. N 198, MAJOR F DER. 218, PLAC about bome, farm (Year) (Hour) 21 m. wh	E OF INJURY (e.g., in, factory, street, office bldg., of the street of t	ED 21F. HOW DID INJURY	If in Baltimore City, Y OCCUR?	yes NO give exact location) Z, that I last saw the
MEDICAL CERTI	RISE TO THE ABOVE CAU UNDERLYING CONDIT II OTHER SIGNIFICANT TRIBUTING TO THE DEATT TO THE DISEASE OR COT 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN LYING OR CONTRIBUT CAUSE OF DEATH 21D. TIME (Month) (Day) FINJURY	CONDITIONS CON- H, BUT NOT RELATED NOTION CAUSING IT. 198. MAJOR F DER- TING about bome, fare with the decision of the decis	E OF INJURY (e. e., in, factory, street, office bldg., te. INJURY OCCURR ILE AT WORK A	EATION Sor 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJUR 8-18, 1979, to med ats - m., from 3B. ADDRESOHNS HOP	If in Baltimore City, Y OCCUR? 9-11, 195 the causes and on t	YES NO give exact location)
MEDICAL CERTI	RISE TO THE ABOVE CAU UNDERLYING CONDIT OTHER SIGNIFICANT TRIBUTING TO THE DEAT TO THE DISEASE OR COT 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNLYING OR CONTRIBUT CAUSE OF DEATH 21D. TIME (Month) (Day) FINJURY 22. I hereby certify the deceased alive on CAUSE OF DEATH 24B. BURIAL, CREMA 24B. REMOVAL (Specify)	CONDITIONS CON- H, BUT NOT RELATED NOTIFICATION CAUSING IT. 198. MAJOR F 218. PLAC about bome, farr (Year) (Hour) 21 m. wh to I attended the decay.	E OF INJURY (e.g., in, factory, street, office bldg., of the like	21c. WHERE DID 1NJURY OCCUR? 21f. HOW DID INJUR 2-18, to red ats m., from 3-8. ADDRESOHNS HOP	If in Baltimore City, Y OCCUR? 9-11, 195 the causes and on t	yes No give exact location) 2, that I last saw the he date stated above. 23c. DATE SIGNED, or county) (State)
MEDICAL CERT	RISE TO THE ABOVE CAU UNDERLYING CONDIT OTHER SIGNIFICANT TRIBUTING TO THE DEAT TO THE DISEASE OR COT 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNLYING OR CONTRIBUT CAUSE OF DEATH 21D. TIME (Month) (Day) FINJURY 22. I hereby certify the deceased alive on CAUSE OF DEATH 24B. BURIAL, CREMA 24B. REMOVAL (Specify)	CONDITIONS CON- H, BUT NOT RELATED NOTION CAUSING IT. 198. MAJOR F DER- TING about bome, fare with the decision of the decis	E OF INJURY (e.g., in, factory, street, office bldg., of the like	EATION Sor 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJUR 8-18, 1979, to med ats - m., from 3B. ADDRESOHNS HOP	If in Baltimore City, Y OCCUR? 9-11, 195 the causes and on t	yes No Sive exact location) Let that I last saw the he date stated above.

zethill words zet Chestal Capatou 1 2 2 C P 1 1 NO

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF DANIEL E. COLLINS DEATH Sept. 11, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF "f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corretate figits, write RURAL and give INSTITUTION Mercy Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days S. Charles Street 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | M Ender 1 Year | M Under 24 Homs last birthday) | Months: Days | Hours | Min. It Under 24 Homs male white II/I7/I885 66 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired, INDUSTRY WHAT COUNTRY? Haedware Storekeeper Own Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Adelaide Reed 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO No Family - Same NTERVAL BETWEEN CAUSE OF DEATH 18. 901.6 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Skull fracture heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Subdural hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT CE 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. building 1545 S. Charles Street OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Sept. 1952 10:00 Fell from ladder to ground 22. I certify that I took charge of the remains described above, held an _ thereon and from autopsy Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-1 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION. REMOVAL (Specify 9/15/52 Loudon Park Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

James McCully - I30 E. Fort Avenue 151



5	2	84	67		BAI		RTIFIC	CATE	OF DE	EATH	VI	Regi	istered	N6	840	5/
1.	NAME be or		DECEASED	211	ALVE		0.0	V			1	2. DATE	C.	OF	111	1050
3.1	PLACE	EOF	EATH:		MUEL		CHE			RESIDENCE	(Whe	DEATH re decease	d lived, I:	finstitu		dence Imission)
B. F	ULL	NAME L OR	OF (If no		l or institut	tion, giv		ress or	STATE	ID.	(7.0					
INS	STITU	TION	4660	KER	OWN.	00			CITY OF	ALTO	(II ou	tside corp	L III	, write		and give ownship)
	engi	th of s	stay in Balt	imore	LIFE			Yrs. Days	STREET	660	(If rur	al, give lo	cation)	Au	E.	
5. 5	M		6.COLOR	R RACE	7. SINGL WIDOV		VORCED		DATE OF	IB83	9	last bir	n years thday) M	il Under 1 \onths I		der 24 Hours rs Min.
			CUPATION Of working life, ev		IOB. KINI	D OF B	USINESS	OR 1	1. BIRTHPI	ACE (State	or forei	ign countr	у)		ITIZEN (
K.	K. T	IER'S	NAME	NCE	RETHI	FEH	EM ST	EEL	4. MOTHER	R'S MAIDEN	N NAM	E			U.S	
		G	EORGE	E	. Ct	AAL	IEV		A	NNIE	(CEC	IL			
	no or u	DECE AS	ED EVER IN U	wer or dates	FORCES? of service)		OCIAL ECURITY	Nº C	7. INFORM	ANT CU	101	CV	152	ADDRES	SS TH	107
Т	18.	42	2.1		1	1917	CA	USE OF	DEATH	CC CA	HIN	7	123		TERVAL I	BETWEEN D DEATH
		1	SE OR CON LEADING					OT	-	0		, .			ASE! AN	DEATH
	he	art fail	s not mean t ure, asthenia,	he mode of etc. It mean	dying, e. :	se,	(A)	urie	uosa	erolu	Co	an	Na	resolution		
	inj	jury or	complication			h.) D	UE TO		dis	case						
z			ANTECEDE				(B)	and	erio	reles	Lors	·			*********	**************
ATION	RIS	SE TO	S OR CONDI THE ABOVE C YING COND	AUSE (A)	STATING T		OUE TO									
FICA							(C)			***************************************				••••	**************	*******************
RTIF	OT	THER :	I SIGNIFICAN	I CONDI	TIONS CO	N.			-1-10							
EI.	TR	BUTIN	G TO THE DE	ATH, BUT I	NOT RELAT	FD				*********						
AL.	19A.	DATE	OF OPERATI	ON 19	B. MAJOR	R FIND	INGS OF	OPERAT	ION						YES T	NO
EDICAL	LYIN	IG C	DENT WAS UP CONTRIBUTED				F INJURY tory,street,off			OCCUR?	(If i	in Baltim	ore City,			
Σ.	21D.		(Month) (Da	ay) (Year)	(Hour)		NJURY OC	CURRED	21F. HO	W DID INJ	JURY C	OCCUR?				
	4				m.	WHILE A WORK	A1	WORK L	· les s	1037.	0		A 108	٠, ,		. 7
			live on		nded the				dat 3	Am., fro	m the	causes				saw the dabove.
-		SIGNA		1	16	0	1		ADDRES		A			230	DATE	SIGNED
24	A. BU	JRIAL,	CREMA, 24	B. DATE	1/on	24C/N		. D. EMETERY	OR CREMA	ATORY 24	D. LOC	ATION (City, town		-/3- inty)	(State)
r	ZUK	AL	Specify) Q	151	952	Q	AKLA	MN	S FUNER	AL DIRECT		.10.		ADD	RESS	MO.
		REGIS	TRAR	intry	ton W	Illia	us, M	7	W.JE	NKINS	33	SNO	6.4	905	YOR	x Ro
	VS	150		0	-	17	069	0 3	U		1					
					1 2	200	11	0	0 1	£ 177						

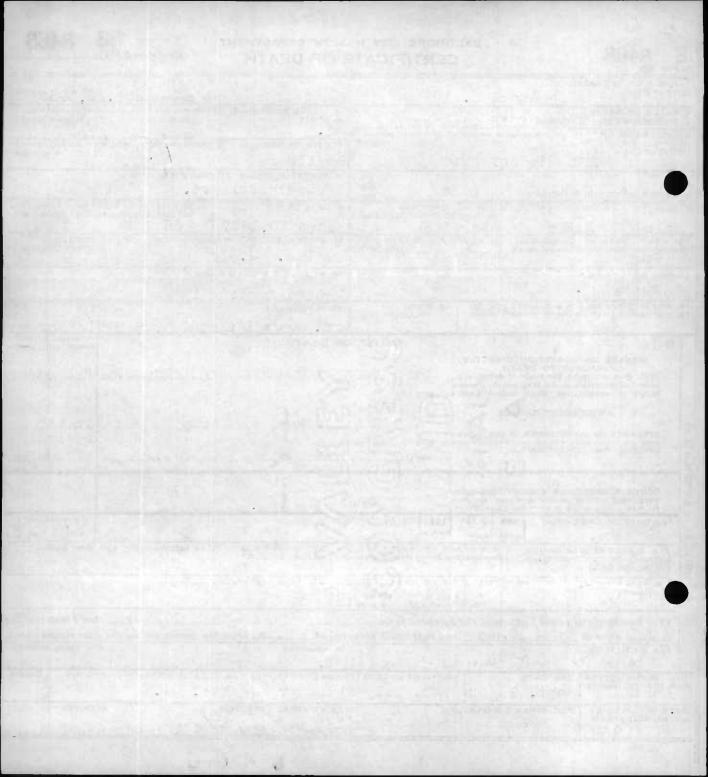
DR. J. J. GOOLD 14 N. EAST AV.

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B	IRTH	N	Ó.	-
1	NAN	1F	OF	DEC

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8468 Registered No.

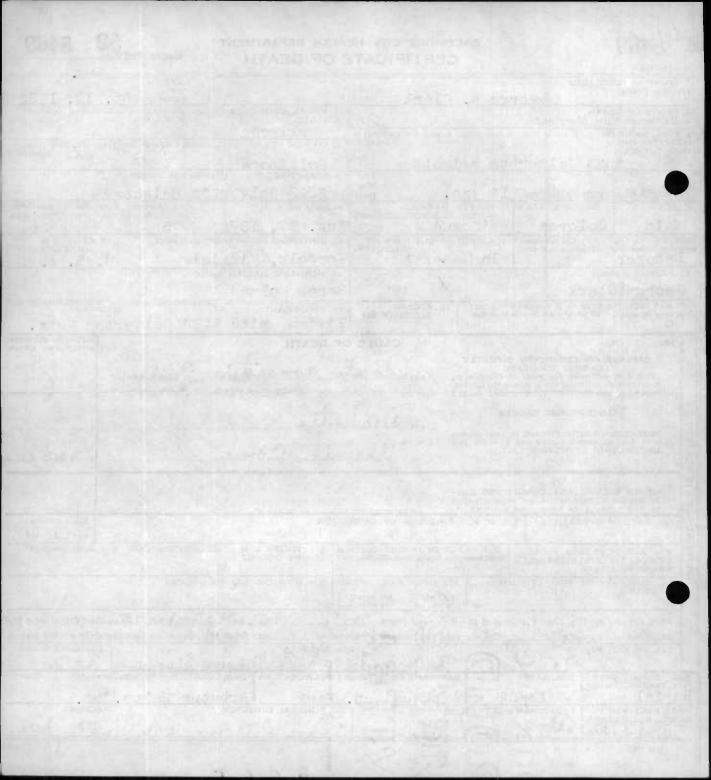
BI	BIRTH NO.								
(T	NAME OF D ype or Print)	Edwa	ard M.	Ayd		2. DATE OF DEATH Sept			
A.		City, Maryland 28	325 Wi	ndsor Ave	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)									
IN	STITUTION	2825 Winds	sor Av	e	Baltimore	10	township)		
7				Yrs.	D. STREET ADDRESS (If	rural, give location)			
C.	Length of s	tay in Baltimore	Li	fe Mos.	2825 Windsor A	re.			
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year II Under 24 Hours		
]	Male	White		ried	June 29,1897	55			
		CUPATION (Give kind of for kind of forking life, even if retired)		of Business OR USINESS DUSTRY	11. BIRTHPLACE (State or for Balto. Md.	reign country)	12. CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S				14. MOTHER'S MAIDEN NA	AME			
	Josep	h H. Ayd			Anna Harie V	Villiex			
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS		
(20	, ac or academa,	(4, 204) 81,4 112, 41, 41, 41, 41, 41, 41, 41, 41, 41, 41	0 01 001 1100)	SECORITI NO.	irs. Mary Ida	Avd: 2825	Windsor Ave		
	18. 4/2	0,1		CAUSE	OF DEATH		INTERVAL BETWEEN		
CERTIFICATION	(This does heart failu injury or OISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT a not mean the mode of the asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	FH f dying, e. g ns the disease aused death SES F ANY, GIVIN STATING THEST.	(B) Arte	mary insufficience riosclerotic etion		8-10 years Unknown Several months.		
CEF		TO THE DEATH, BUT							
		one.	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO X		
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		f in Baltimore City, g	rive exact location)		
Σ	ID. TIME FINJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		OCCUR?			
							le date stated above. 23c. DATE SIGNED Sept. 13.1952		
Z. TI	Burial	Specify)	, '	Most Holy	RY OR CREMATORY 24D. L	O. IId.	or county) (State)		
	SEP 1 3	PAD	signatural	[/]/w/-/	ary H. with	Le 4101 Edm	address		
	VS 150		1	9 562730	40846	4			



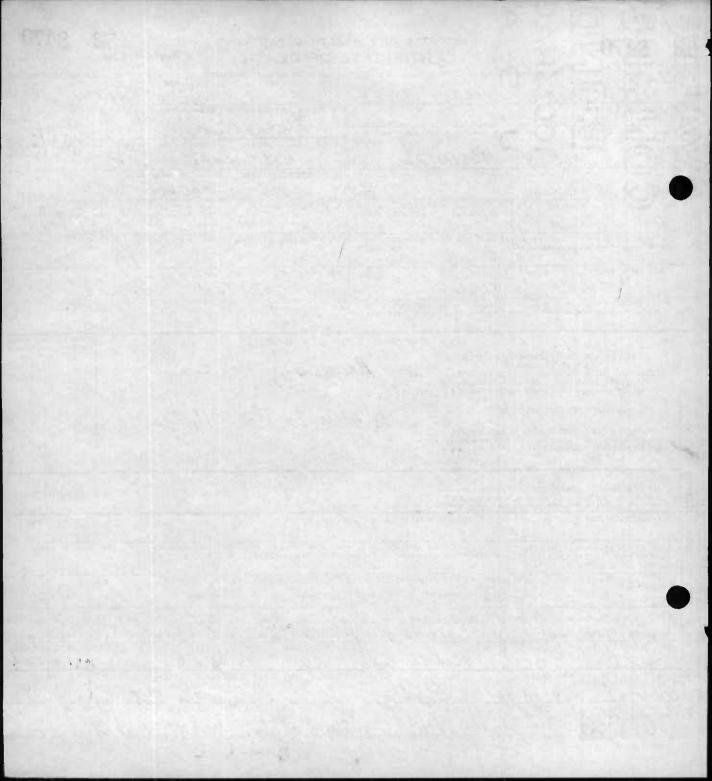
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B	RTH NO.							
1. (T	NAME OF D	ECEASE					2. DATE OF	
3.	PLACE OF D			ge B.	Clark	4. USUAL RESIDENCE (DEATH Sep	t. 10, 1952 If institution: residence
	Baltimore (A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (I	lf not in hospit	al or institut	cion, give street address or location)		f outside corporate lim	rite NURAL and give
le	2	523	Calvert	on He	ights	Baltimore	16	O C townsmp)
7	THE REAL PROPERTY.				Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of s	tay in l	Baltimore	12 yr	Mos. Days	2523 Calver	ton Height	g
1	Male		or or RACE	7. SINGLE WIDOW Wido	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 27, 1876	9. AGE (In years)	
10	A. USUAL OC	CUPATI	ON (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or i	1	12. CITIZEN OF
OF	Laborer	of working!	ife, even if retired)		eneral eneral	Nonfolk Wine	inia	WHAT COUNTRY?
_	FATHER'S			III G	enerar	Norfolk, Virg		10. S. A.
	George		k			Sarah Holmes	AME	
	. WAS DECEAS			FORCES?	I 16, SOCIAL			
Ye	NO or uaknowo)	(If yes,	, give war or date	of service)	SECURITY NO.	Vivian Smith		rton Hgts.
	18. 56	бX		U	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR	CONDITION		0	1	0 1	ORSE! AND DEATH
	(This does	not mer	NG TO DEAT	f dying, e. 1	e, whicu	te congestive	e. Pailur	le lun.
			nia, etc. It mea		se,	()		
					1			
7		ANTECE	EDENT CAUS	ES	1016	etie		
Š	DISEASE	S OR CO	NDITIONS, I	ANY, GIVIN	(B)		.001 0000 0000 000 0000 0000 0000 0000	***************************************
_			E CAUSE (A)		HE DUE TO	Li. CA.		3.4.
2					(C)	mic Como	***************************************	swes.
_			11					
Ľ	OTHER S	IGNIFIC	ANT CONDI	TIONS CON	V.			
5	TO THE D	ISEASE C	R CONDITION	CAUSING I	Т			
J	19A. DATE C	OF OPER	ATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
S				1 04- 51		Loss Wilene Din	Te in Parties of City	YES NO L
TED.	LYING OF	R CONTI	RIBUTING	ebout home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DID (ob.) INJURY OCCUR?	ir in Baltimore City,	, give exact location)
2	ID. TIME	(Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY			m.	WHILE AT NOT WHILE			
	22. I hereh	u certif	a that I att	ended the	deceased from Ap	vil 1951 to Se	ptember 195	that I last saw the
	deceased a			445	and that death occur			the date stated above.
	23A. SIGNA		11 /	/		38. ADDRESS		23c. DATE SIGNED
	//	1/ 2	1/ 1.	aco	M.D.	ooo N. Culingto	on Quener	19-12-52
2	AA. BURIAC.	CREMA-	248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D L	OCATION (City, tow	n, or county) (State)
	urial	opecity)	9/13/5	52	Arbutus Mem	Park Arb	utus Balto	• Md •
D	ATE RECEIVE	D BY	REGISTRAR'			25. FUNERAL DIRECTOR		ADDRESS
-(SEP 3	1952	Huntin	ston	Villiams H.P.	ElronWilson	- 1000 B	rantley Acre.
	VS 150			0, 3	EOC			



1	400					O AFIO
5	2 8470 BIRTH NO. 52 - & 6	2061	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered N	2 8470
	NAME OF DECEASED Type or Print)	By (7/1	RL TEEL			rt. 12, 1952
	B. PLACE OF DEATH: Baltimore City, Maryla			4. USUAL RESIDENCE (Where deceased lived. If i	nstitution : residence before admission)
E	FULL NAME OF (If not in			MARYLA	N)	216
	METITUTION	cy Hos	location)		f outside corporate limits	waite RVRAL and give lownship)
-	17410	- 4 1703	Yrs.	O. STREET ADDRESS (I		
0	ength of stay in Baltin	nore	Mos. Days			
=	S. SEX 6. COLOR OR	RACE 7. SINGL	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 12, 1912	9. AGE (In years last birthday) Mon	Under Year If Under 24 Hours ths Days Hours Min.
1	OA. USUAL OCCUPATION (Given	rekindof 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
we	rk done during most of working life, even i	fretired)	INDUSTRY			WHAT COUNTRY
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
		TEEL	<u></u>	CAROLY	N BUR	K5
d	5. WAS DECEASED EVER IN U. S (es, no or unknown) (If yes, give wa	. ARMED FORCES? r or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
11-	18. 7/ 2.0		CALLET	05.554-11		INTERVAL BETWEEN
	DISEASE OR CONDI	TION DIRECTLY		OF DEATH		ONSET AND DEATH
	(This does not mean the	DEATH mode of dying, e.	g., (A)	espiratory Fa telectasis, 1	elure-	The state of the state of
	heart fuilure, asthenia, etc. injury or complication v	It means the disea	se, h.) OUE TO		***************************************	
	ANTECEDENT	CAUSES	/	14 , 4 ·	01/-	
Z	DISEASES OR CONDITIE	ONS IF ANY GIVE	(B)	Telectasis 1	Ilaberal	
TIC	RISE TO THE ABOVE CAUS	SE (A) STATING T	140			
10.4			(C)			
RTIFICATION	^{3P} 11				A STATISTICS OF THE STATE OF	
Ш	TRIBUTING TO THE CEATH	H, BUT NOT RELAT	ED			
C	19A. DATE OF OPERATION		R FINDINGS OF OPER	ATION		20. AUTOPSY?
A		0				YES NO
FDICA		Digital Control of the Control of th	ACE OF INJURY (e. g., i, farm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
Σ	21D. TIME (Month) (Day) F INJURY	(Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	Moon	m.	WHILE AT WORK AT WORK			
	22. I hereby certify tha	t I attended the	deceased from	pt. 12 , 19x 2, to	Left - 12, 19 0	that I last saw the
46	deceased alive on Ly		and that death occur		the causes and on the	
1	23A. SIGNATURE.	· · · · (6	0.10-	38. ADDRESS	10 1-1	23C. DATE SIGNED
- 2	4A. BURIAL, CREMA- 248.	PATE	24C. NAME OF CEMETE	RY OR CREMATORY 240/	OCATION (City, town, o	9-12-52 predunty) (State)
T	ION, DEMOVAL (Specify)	13-52	Beckly	B	Blu 91 +91	
		TRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	weig, was VI	ADDRESS
	OFD:131053	Tuntington	Williams M	Hm. Good Inc.	1217 St. Paul	st.
	VS 150	0		00000	6	
- 11		1	9 5 6 0	0 7 0	400	



22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\supseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

Vullacus.

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY DR CREMATORY | 24D. LOCATION (City, town, or county)

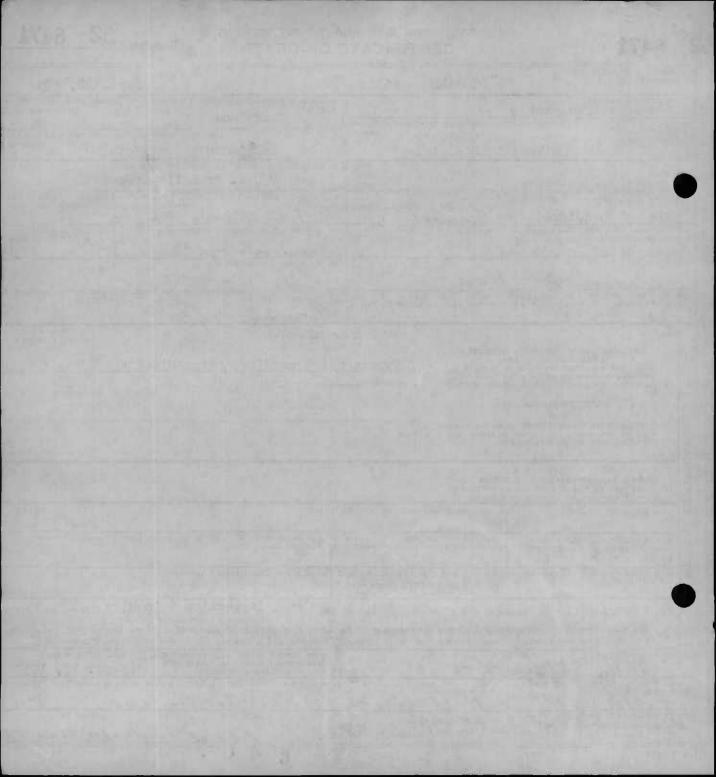
25. FUNERAL DIREC

LOCAL REGISTRAN 151

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death

Reisterstown



BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CERTIFICATI	E OF DEATH		
	NAME OF D ype or Print)		ohn M.	Cargill		2. DATE OF DEATH	pt. 11,1952
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived. B. COUNTY	If institution : residence hefore admission)
В.			al or institut	ion, give street address or location)		4.4	- 1
	ISTITUTION	rovident Ho	nemito:		c. CITY OR TOWN (III	outside corporate lin	nite write BURAL and give township)
7	E.	TOATGELL 136	BUI CEL	Yrs.	D. STREET ADDRESS (If	rural, give location)	
C.	Length of s	tay in Baltimore		Mos. Days	430 W. Bidd]	le St.	
	SEX	6. COLOR OR RACE		E. MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	R Under 1 Year H Under 24 Hours Months: Days Hours: Min.
-	ale	Colored	Marr	ied	July 27, 1875	77	
wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	Porte:				Georgia		U. S. A.
							1/
15	. WAS DECEASE	rcus Cargil	D FORCES?	16. SOCIAL	Nancey Sulli	ung,	ADDRESS
(Ye	s, oo or nokoown)	(If yes, give war or date	s of service)	SECURITY NO.		Committed	ADDRESS
-	18. 14.	10 1		216-01-1738	A Mrs.Carrie	Cargini 4	30 V. Biddle
	77	SE OR CONDITION	DIRECTIV	CAUSE	OF BEATH	0 \ .	ONSET AND DEATH
		LEADING TO DEA	TH	w flys	estaine Hea	at Disea	50
	heart failu	re, asthenia, etc. It mer complication which	ans the diseas	e,	•		
		ANTECEDENT CAU		1	0011	0	
Z	DISEASE			(B)	retral Home	mage	
Ĕ	RISE TO T	S OR CONDITIONS,	STATING TH				
RTIFICATION	ONDERL	YING CONDITION L	451.				
F		11		(C)		••••	
ER.		GIGNIFICANT COND		ED .			- 4000 miles
U		F OPERATION		FINDINGS OF OPER			20. AUTOPSY?
CAL							YES NO
EDIC	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (If in Baltimore City	, give exact location)
ME							
	F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI		Y OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			F.0
		y certify that Jati			1/6 113cp 1954to	'/	that I last saw the
	deceased al		, 1952	and that death occur	red at T m., from t	the bauses and on	the date stated above.
	Jon	11. 14al	mes	M. D.		nol	9/12/52
	4A. BURIAL. (S	CREMA- 248. DATE		24c. NAME OF CEMETE		OCATION (City, tow	n, or county) (State)
1 -	Burial	9-15-5	52	Mt. Auburn	Cem Balt	imote,	Md.
	ATE RECEIVE		SSIGNAT	IRE	25. FUNERAL DIRECTOR	01/	ADDRESS 578W
3	EP 131	352 Huntin	aton 1	Villiams M.P.	11 M. Jeaner	1. Neurs	Biddle St
	VS 150		0				
11			9 5	2000	0 4 6 0		

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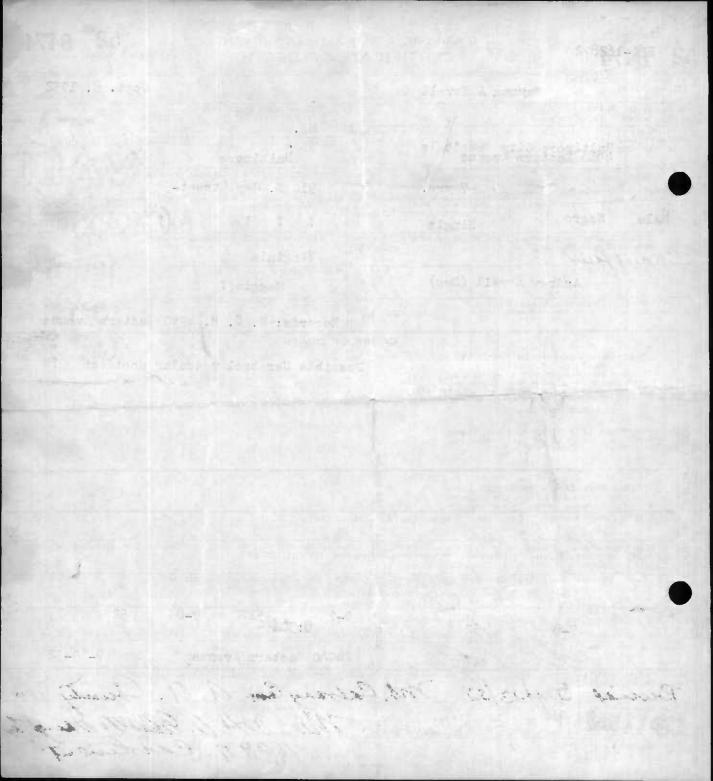
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICAT	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Paul R. Seal	2. DATE OF DEATH 11/9-7
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived if institution, residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location	
JOHNS HOPKINS HOSPITAL	Sparrow Te: township)
Cength of stay in Baltimore Yrs Mos Day	ho to to lo
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIYORCED (Specific Action of the color of t	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
male White MARRIED. 10A. USUAL OCCUPATION (Give kind of 1 OB. KIND OF BUSINESS OR	3-1-90 62
work done during most of working life, even if retired) PAINTER 5ELE INDUSTR	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	TRISSIE JARRETT
(Yee, no or unknown) (If yee, give war or dates of service) NO NO 16. SOCIAL SECURITY NO. 216-10-4/6	17. INFORMANT JOHNS HOPKINS HOSPITAL
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	ebral thrombosis 5 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	ertensive Cardiovascular Disese 6 typs
DIST TO THE ABOVE CALLED AND THE THE	errousive and miscolar gisese & the
UNDERLYING CONDITION LAST. (C)	
II II	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OP	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld	
CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
TINJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 9	16 1952, to 9/1/ , 1952, that I last saw the
deceased alive on 1/1/2, and that death doe	
Leonje G. Edwardsus.	HOPKING HOSPITAL 9-11-52
TION, REMOVAL (Specify)	TERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
BURIAL 9-15-52 SACRED DATE RECEIVED BY REGISTRAR'S SIGNATURE	PEART CEM 7401 GERNAN HILL KRUMD 25. FUNERAL DIRECTOR Q: 1 901 S.CONKLING
The survey of the state of the	Charles & Seller 1013, CONRENG
SEP 1 8 952	960/8 4 6 9
1 9 5 2 7 7	1.069

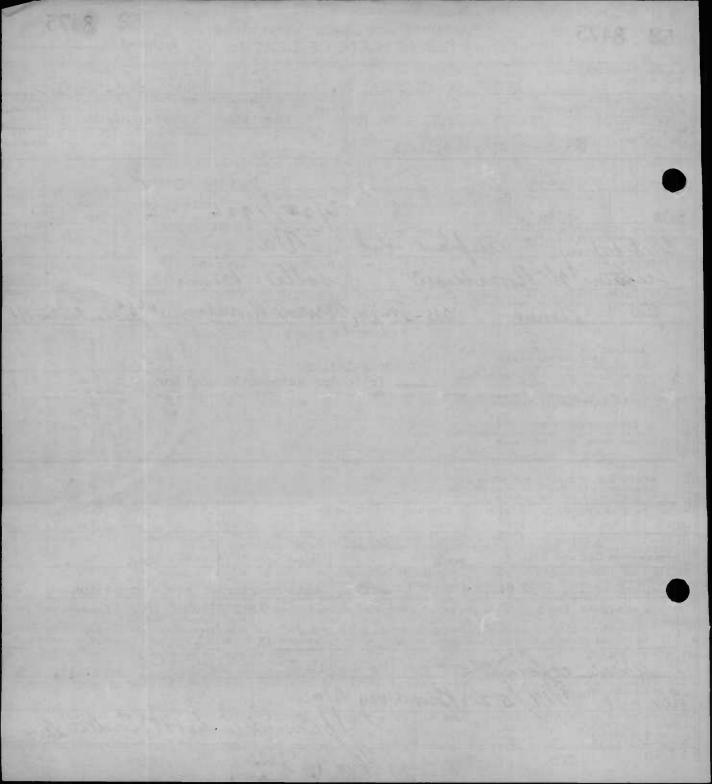
" and some first end Or bushings in December 1 September 1999 a Lyon have a dismoster to make the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	IKIH NO.						
(7	NAME OF D Type or Print)		an A Re	well		2. DATE Sept	. 8, 1952
Α.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived. II B. COUNTY	institution: residence before admission)
La	FULL NAME OSPITAL OR ISTITUTION			ion, give street address or location)		f outside corporate limi	s, white RURAL and give
-		Baltimore Cit 4940 Eastern	Avenus		Baltimore		township)
		tay in Baltimore	7	yrs. Mos. Days	o. STREET ADDRESS (III		
	Male	6. COLOR OR RACE	Siz	E, MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	f Under Year H Under 24 Hours on the Days Hours Min.
10%	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	S. FATHER'S	Andrew Re		Dec) IN ANS.	14. MOTHER'S MAIDEN N	AME	EXTEND.
1! (Ye	5. WAS DECEASI	ED EVER IN U.S. ARMEE (If yes, give war or date)	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. I		DDRESS rn Avenue
CATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA	F dying, e. g ns the diseas aused death ES ANY, GIVIN STATING TH	(B)	ssible Cerebral	ascular acci	dept ?
CERTIFICATION	TRIBUTING	II IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
-	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City,	yes No K
Σ	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURRING NOT WHILE AT WORK		Y OCCUR?	
	22. I hereb deceased al			and that death occur	3B. ADDRESS	he eauses and on t	t, that I last saw the he date stated above.
TI	4A. BURIAL, CON REMOVAL (S	D BY REGISTRAR	3/52	PE M. D.	HO40 Eastern Average RY OR CREMATORY 240. L. Lyang Can. C. 25. FUNERAL DIRECTOR M. J. H.	OCATION (City, town	
	CM51502	1059		11	162970	Pant	10.57



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) ROSENBERGER. JR. DEATH Sept. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland Baltimore B. FULL NAME OF f not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore City Hospitals Essex D. STREET ADDRESS (If rural, give location) Yrs. Mos. 304 Harding Avenue ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 24 Hours white 10A. USUAL OCCUPATION (Give kind of BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF of working life, even if retired) WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) maknown) OF DEATH DISEASE OR CONDITION DIRECTLY ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Asphyxiation heart failure, asthenia, etc. It means the disease, following automobile accident injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED œ TO THE DISEASE OR CONDITION CAUSING IT Ш 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIBUTION TO DEATH. ahout home, farm, factory, street, office bldg., eto.) INJURY OCCUR? Oren and Goldenring Road road 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Beptember 13, 1952 6:00A Auto overturned at intersection 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\), accident \(\) suicide \(\), homicide \(\), undetermined \(\). 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR .. 49. NAME OF CEMETERY, OR CREMATORY | 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1953



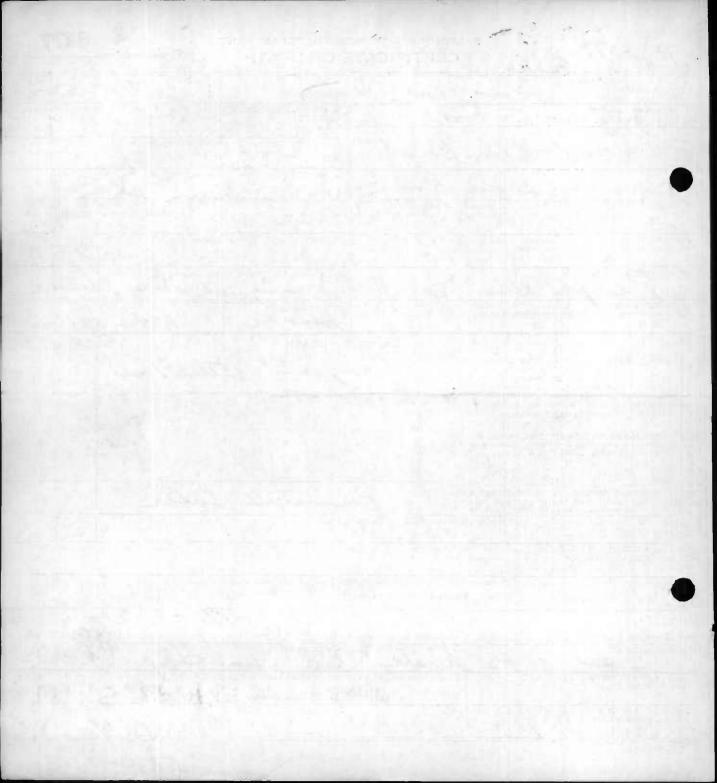
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

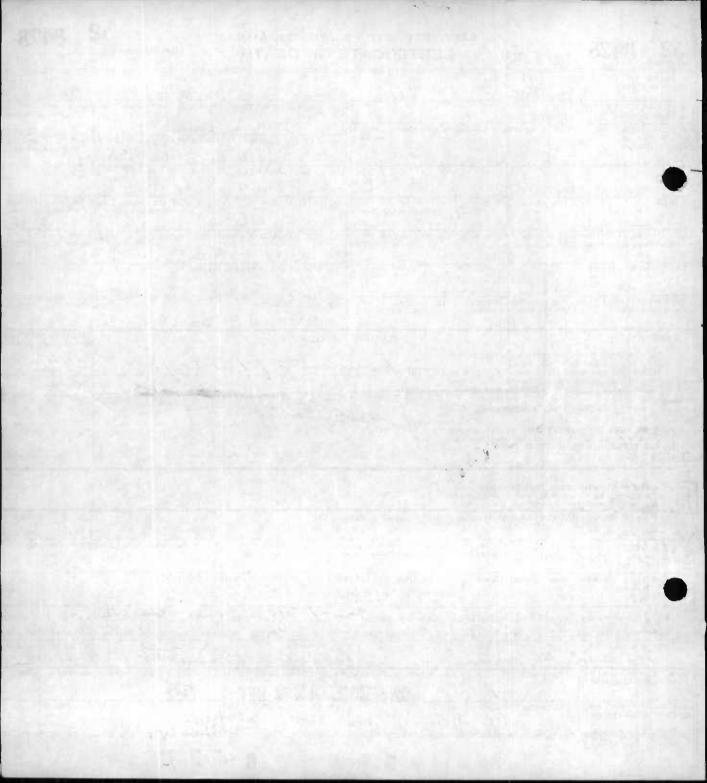
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Registered No	0170

Type or Print) JOSEPH CHRISTOPHER 2. DATE OF DEATH SEPT 13. 166					
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give				
27 Mean Horro.	Boltimore 5354 township)				
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years) If Under Year If Under 24 Hours				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
work done during most of working life, even if retired					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EYER IN U, S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	nevin + molnutrition 5 days				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES	devel fields 5day				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	/ /:				
UNDERLYING CONDITION LAST.	olecy Stitis 2 mos.				
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY7				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, street, office bidg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?				
TO WHILE AT NOT WHILE MORK AT WORK					
22. I hereby certify that I attended the deceased from					
	rved at 1. Dym., from the causes and on the date stated above.				
24A. BURIAL, CREMA- 24B. DATE LAC. NAME OF CEMETE	More State 9/3/52 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Comoval 9-14-52 St. Marcis	Hanover, Pa.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE SEP 4 1952 Huntington Williams MD	J. FUNERAL DIRECTOR ADDRESS ADDRESS St.				
VS 150	9 /				
650	8 4 7 2				

, (300		
	59 0477	HEALTH DEPARTMENT TE OF DEATH Registered	2 8477 No
1.	NAME OF DECEASED Baby Boy	Gear 2. DATE OF DEATH	7-7-52
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived, B. COUNTY	If institution : residence before admission
H	OSPITAL OR DISTITUTION Suyland lan. Hart		its, write RURAL and giv
	Length of stay in Baltimole Ohro 5 min Mo		+ .
5,	6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH 9. AGE (In years)	H Under I Year H Under 24 Hours Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) O		12. CITIZEN OF
13	FATHER'S NAME GLEAN So.	Mangaret May	Harre
15 (Ye	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	17 INFORMANT 104	ADDRESS S
	18. 7(3.5. CAUS	E OF DEATH	BUTTER BOWS
ERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	Tingo	
TIFI	II (C)		
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	remature Labor	
11	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR	PERATION	20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. about home, farm, factory, street, office bl		, give exact location)
Σ	FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCU		
	22. I hereby certify that I attended the deceased from	9-7 19570 9-7,19	, that I last saw th
	deceased alive on, 195 , and that death oc	curred at /: 454m., from the causes and on	the date stated above
	- L'elule. D.	Md. Gen. Hoop.	19-9-52
TI	an penavas (Consider)	HOPKINS MEDICAL SCHOOL SEP. 10, 1952	n, or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE, OCAL REGISTRAR TOTAL TOT	25. FUNERAL DIRECTOR	ADDRESS
9	VS 150) dimann, of	
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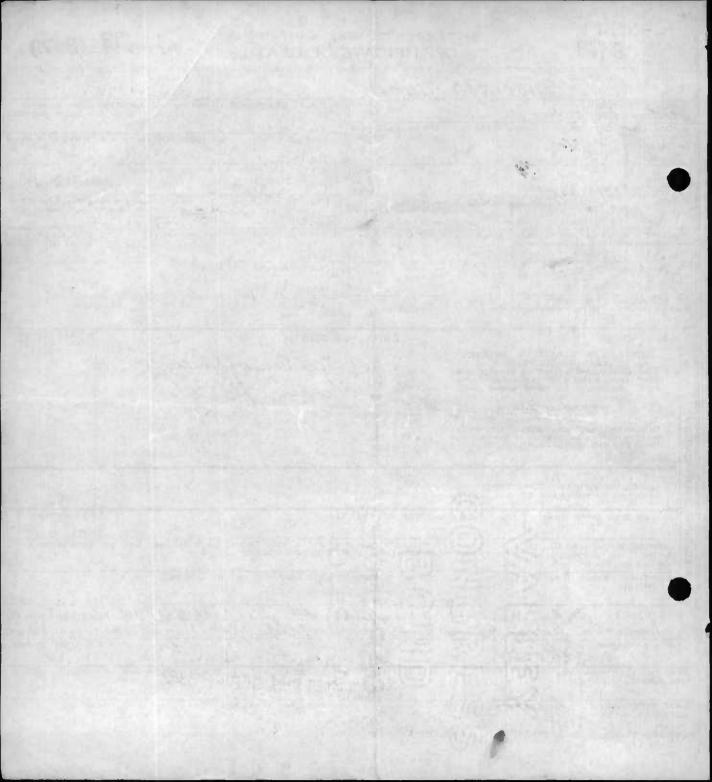
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5	2 84°	38-20506		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No	2 8478
1. (T)	NAME OF DE	Ra Ra	by	Boy	Six	2. DATE OF DEATH SENT	6.1952
	PLACE OF DE Baltimore C	EATH: lity, Maryland	/ 1		4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution : residence before admission)
	FULL NAME O	OF (If not in hospit	al or instituti	on, give street address or location)		ud)	
IN	STITUTION	1 + 1			0 . 9	outside corporate limits,	write RURAL and give township)
	napital	you ene	Dome	yrs.	D. STREET ADDRESS (If	rural, give location)	70
Ci	ength of st	ay in Baltimore		Mos. Days	3407 &	Igen ave	
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	91 AGE (in years # U	nder I Year If Under 24 Hours ths: Days Hours: Min.
7	nale 1	w			Sept 6. 1952	last bit thuay) Mont	2 36
10. work	done during most of	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	AME			Ball. Tr		U.S.A.
(301	VA -	9.		14. MOTHER'S MAIDEN N	. 0 ^	
15	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		Δ
(Yes	, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.		- 11 - E1 - a	DRESS
	18. 75	1 V .		CAUSE	OF DEATH	o i i o i joit a	INTERVAL BETWEEN
	DISEAS	E OR CONDITION			- + (111		ONSET AND DEATH
	(This does	not mean the mode of e, asthenia, etc. It mea	f dying, e. g	, (A) frem	stunty / 1 lbs	203/-	after
	injury or	complication which c	aused death.) DUE TO			Helvery
		ANTECEDENT CAUS	ES	2.4.	£ abortion.		
Z	DISEASES	OR CONDITIONS, II	F ANY, GIVIN	G	_ ~~~~~~	***************************************	
FA	UNDERLY	TE ABOVE CAUSE (A)	STATING TH	E DUE TO			
FICATION				(C)			
ERTIF	OTHER SI	II IGNIFICANT CONDI	TIONS CON				
CER	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
Y	Harry I.						YES W NO
MEDICAL	21A. ACCIDE LYING OR CAUSE OF D	ENT WAS UNDER- CONTRIBUTING DEATH		CE OF INJURY (e. g., in erm, factory, atreet, office bldg., e		If in Baltimore City, giv	ve exact location)
2	FINJURY	Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
			m.	WORK NOT WHILE			
	22. I hereby	certify that I att	ended the	deceased from 9-	6 - 1 71, 1952, to 9.	-6- YAN 19 52	that I last saw the
	deceased all	ive on 4-6 3	, 19 52 0		red at YAm., from t	he causes and on the	date stated above.
	23A. SIGNAT	wish M. 2	man	2	38. ADDRESS	Jalling Kept	9-6 -17
24	A. BURIAL, C	REMA- 248. DATE	1 / 2	4c. NAME OF CEMETE		OCATION (City, town, or	-
110	N, REMOVAL (SI	pecity)	/	201X40H KHOP	MEDICAL SCHOOL SEP 8	1979	
	TE RECEIVED		SSIGNATU	RE	25. FUNERAL DIRECTOR	**	ADDRESS
	DED-1-44	ara H +	tor 1	VHigues M.P.	Huntington /	Miarus M.J.	
1	VS 150	307	1				
				1 9 5 2	0 0 0 4	7 3	



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 8479

BIRTH NO.	OLIVIII TOMT			
1. NAME OF DECEASED Sheridar	dohn		2. DATE OF DEATH 8 27	129
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If in B. COUNTY	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or instituti	on, give street address or location)	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
INSTITUTION		37 11.	7 - 0	township)
South Bultimore General Hospita	Yrs.	D. STREET ADDRESS (If	rural, give location)	
Cength of stay in Baltimore	Mos.	0 7 11 -	34.	
	Days Days	8. DATE OF BIRTH	9. AGE (in years) #1	Jader 1 Year If Under 24 Hours
M Dow WIDOW	ED, DIVORCED (Specify)	114/04	last birthday) Mon	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
ork done during most of working life, even if retired)	INDUSTRY	01:		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AMF	
P. t. K Samilar		0 111	AME	
1 A TYLOT S WELL IN H. C. ARMED FORCES	10.000141	LMMa Maloy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas- injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	rtal	DNSET AND DEATH		
9	FINDINGS OF OPER	ATION	20. AUTOPSY?	
₹				YES NO
	CE OF INJURY (e. g., i arm, factory, street, office bldg.,		lf in Baltimore City, gi	ive exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
F INJURY	WHILE AT WORK NOT WHILE			
22. I hereby certify that I attended the deceased alive on Ques 27, 1952	deceased from Q	Jed at 7:00 Am from		
23A. SIGNATURE SAMPANS	2	38. ADDRESS 213 Light St. B.		23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	M. D. YAC NAME OF CEMETE	RY OR CREMATORY 240.	OSATOTA City, town,	
TION, REMOVAL (Specify)	UMWEST	MEDICAL SCHOOL SEP 3	1932	
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR SED 141952 Huntington	Villiams, M.Z.	25. FUNERAL DIRECTOR	, , , , , , , , , , , , , , , , , , ,	ADDRESS
VS 150	-	20		
	9 5 72/8	7.70 8 4 2	1	

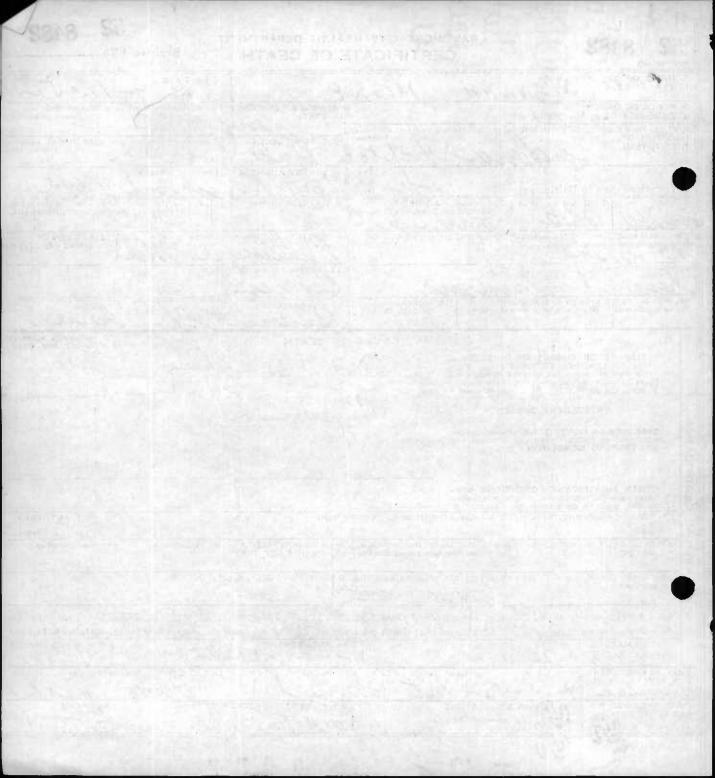


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1 / W	520	X
1	BALTIMORE CITY HE	EALTH DEPARTMENT 52 8481
4	52 8481 CERTIFICATE	
	1. NAME OF DECEASED	2. DATE
	(Type or Print) Baby Boy Haines	DEATH Sept. 4 1952)
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or	Marulan a Carroll
	HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
y.	Hospital for the women of Md	Westminster 504
legibl	Yrs. Mos.	D. STREET ADDRESS, (If rural, give location)
d le	Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
and	m. White Single (Specify)	Sept. 3 1952 last birthday) Months Days Hours Min.
clearly	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
cles	work done during most of working life, even if retired) INDUSTRY	Hospital for the women of Md U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
death	Clarence Edward Haines	Bettie Elaine Toulor
ot	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or uokoowo) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
ses		Mrs. Clarence Hoines WestminsterMd
causes		OF DEATH INTERVAL BETWEEN DISET AND DEATH
the		CEPHALY INCOMPATIBLE
- 11	heart failure, asthema, etc. it means the disease,	/ LIFE:
write	injury or complication which caused death.) DUE TD	
11	ANTECEDENT CAUSES Z	
lea	O DISEASES OR CONDITIONS, IF ANY, GIVING	
70	UNDERLYING CONDITION LAST.	
Physicians: please	<u> </u>	
ysıc	OTHER SIGNIFICANT CONDITIONS CON.	ATURITY
Lu.	TO THE DISEASE OR CONDITION CAUSING IT.	A 1814 17
د	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
important.	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., ic about home, farm, factory, street, office bldg., e	
por	LI CAUSE OF DEATH	INJURY OCCUR?
TI I	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
y	MHILE AT NOT WHILE AT WORK AT WORK	
2		1952, to SEPT. 4, 1952, that I last saw the
e	deceased alive on SEPT 4, 1952, and that death occur	red at 4:30 km., from the causes and on the date stated above
1/2	23x Struct R. Larach 3	LAND YOU The Women of Rid. 9-4-52
9/81	24A. BURIAL, CREMA- 24B. DATE 24C. NAME DE CEMETE	
5	TION REMOVAL (Specify)	PKINS MEDICAL SCHOOL SEP 8 1952
911	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
5	CED 1 4 1059 tuntington Williams M.	Huntington Williams M.P.
	VS 150	J. Grander J. C.
		08476

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VS 150



-11/4	3 -							
1	-0 0	000	BALTI	MORE CITY HE	EALTH DEPARTMENT		52	8483
В	IRTH NO.	183	С	ERTIFICATI	E OF DEATH	Regist	ered No	0 200
	NAME OF D	ECEASED JA 2	100	DRO3	BKY	2. DATE OF DEATH	9-1	3-52
	Baltimore C	EATH: City, Maryland			4. USUAL RESPONDE	(Where deceased li B. COUN	TY .	ution : residence before admission
H	FULL NAME	OF (If not in hosp)	tal or institution,	give street address or location)	c. CITYOUR TOWN	(If outside corporat	te limits, wri	e RURAL and giv
	estitution 2	205 0/	raddi	sh loc	Maltin	more	,	township
	angth of a	ton in Poltimone		40 Mos:	D. STREET ADDRESS	Alf rural, give locat	ion)	ane.
5	SEX	tay in Baltimore 6.COLOR OR RACE			8. DATE OF BIRTH	9. AGE (in ye		
M	cale	white	mar	DIVORCED (Specify)	1	164	Months	Days Hours Min
7/	A. USUAL OC	CUPATION (Give kind of Tay ling life, eval if retired	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)		CITIZEN OF
13	B. PATHER'S N	IAME	el	u Throng (en)	14 MOTHER'S MAIDEN	N NAME		
	mod	es			tenne			
15 (Ye	MAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES? 1	6. SOCIAL SECURITY NO	17 INFORMANT	9, 111	ADDRE	587
	18. / 5			CAUSE	OF DEATH	roasia	- 6	NTERVAL BETWEE
	/ V	E OR CONDITION		CAUSE	OF DEATH	0		NSET AND DEAT
	(This does	not mean the mode re, asthenia, etc. It men	of dying, e. g.,	10 Cellu	iona, Aign	aord		20 mouths
	injury or	complication which	caused death.)	DUE TO	'. '			
z	Z ANTECEDENT CAUSES (B) Grandus De grand Planent					t	Turnte	
NOIT	RISE TO TI	OR CONDITIONS, I HE ABOVE CAUSE (A) TING CONDITION LA	STATING THE	DUE TO PALL	+ 1.			4. 41
FICA				(c) UCC (mometosis			luculu
RTIF		II IGNIFICANT COND						
CE	TO THE DI	TO THE OEATH, BUT SEASE OR CONDITION	CAUSING IT.					
AL	19A. DATE O	F OPERATION	19B. MAJOR FI	NDINGS OF OPER	ATION			20. AUTOPSY?
EDIC		ENT WAS UNDER		OF INJURY (e. g., in		(If in Baltimore	City, give e	120 [] 110 [
Σ	2Jo. TIME (Month) (Day) (Year	(Hour) 21E	. INJURY OCCURR	ED 21F, HOW DID INJ	URY OCCUR?		
	OF INJURY			E AT NOT WHILE		1 1		
		y certify that I at	tended the de	ceased from C	18 hel, 192 Pto	Heplenty	19 Who	it I last saw th
16	deceased al	ive on S NEW	L, 195_Kan		red at 10 fm., from	m the causes and		te stated above
	Your		gor A	М. о.	120164	tan the	9-13	West '32
TH	N, REMOVAL (SI	pecify)	240	NAME OF CEMETE	RY OF CREMATORY 241	LOCATION (City	, town, or col	(State)
D.	ATE RECEIVED	BY REGISTRAR	S SIGNATURE	WEOK 1	ES. FUNERAL DIRECTO	OR)	ADE	DRESS D
S	EP 14 3	12 Tuntin	glow Wit	liacus, M.F.	tack pewis	ace 210	060	tow 12
	VS 150			-//-	7			
			195	2000	468 47	9		

Lago/19

(If not in hospital or institution, give street address or

7. SINGLE: MARRIED,
WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

SECURITY NO.

108, KIND OF BUSINESS OR

arrie

A. Baltimore City, Maryland

ength of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or nnknown) (If yes, give wer or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-

TO THE DISEASE OR CONDITION CAUSING IT.

TRIBUTING TO THE OEATH, BUT NOT RELATED

work done during most of working life, even iffetired)

hotocra 13. FATHER'S NAME

420.1

(Yes, no or nnknown)

18.

ATION

RTIFIC

Ш

ā

6. COLOR OR RACE

8. FULL NAME OF HOSPITAL OR

INSTITUTION

5. SEX

location)

Vra

Mos.

Days

INDUSTRY

4. USUAL RESIDENCE

C. CITY OR TOWN

17. INFORMANT

O. STREET ADDRESS

A. STATE

52 8484 Registered No. 2. DATE OF DEATH (Where deceased lived, It/Institution residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give Atownship) mose (If rural, give location) 9. AGE (in years) N Under | Year | I Under 24 Rours | Hours Min. ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ADDRESS INTERVAL SETWEEN ONSET AND OFATH

CAUSE OF DEATH

(B) URETHRAL STRICTURE = DIVERTICULARM

CORONARY HEART DISEASE

of bledder (C)

DIVERTICULECTOM?

23s. ADDRESS

Sinai

INJURY OCCUR?

198, MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION

DIVERTICULA OF BLADDER

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY NOT WHILE

WORK 22. I hereby certify that I attended the deceased from_

REGISTRAR'S SIGNATURE

Huntington

23A. SIGNATURE

July 10 , 1957, to Aug. 26 deceased alive on \$46.26 1952, and that death occurred at 9 Am., from the causes and on the date stated above,

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Junasan

25. FUNERAL

21F. HOW DID INJURY OCCUR?

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) DIRECTOR

Hospital of Balto.

(If in Baltimore City, give exact location)

A STRICTURE OF URETHOLIVES

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. 19 54 that I last saw the

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DATE RECEIVED BY

LOCAL REGISTRAR

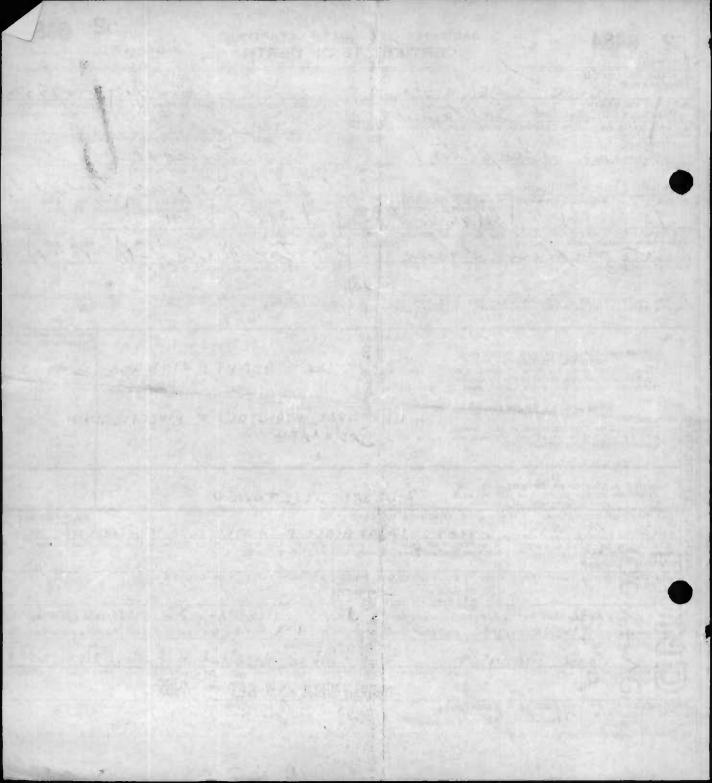
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untinglow

ADDRESS

23c. DATE SIGNED

20. AUTOPSYT



	52	8485
Registered	No	

ADDRESS

AJ	B-160921 RTH NO.	-200			EALTH DEPARTMENT E OF DEATH	Registered No.	2 8485
	NAME OF D		eorge A	dam Powell, Sr	•	2. DATE OF Sept.	13-1952
В.	FULL NAME	City, Maryland OF (If not in hospit	al or instituti	on, give strect address or	4. USUAL RESIDENCE (stitution : residence before admission
IN		Baltimore Cit 4940 Eastern			Baltimore		write RURAL and give township
	Length of s	tay in Baltimore	Lif	Days		Hanover St. z	one 30
	M	6. COLOR OR RACE	Marrie	. MARRIED. ED, DIVORCED (Specify) ed (Separated	Sept. 30-1899	last birthday) Month	der I Year II Under 24 Hours hs Days Hours Min.
WOLK	Chauf			S Sea Food	Maryland		WHAT COUNTRY
	. FATHER'S	John Rob		rell (R)	Lula Kirk (Koch		
(Yes	NO OF UNKNOWN)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: Baltimo	4940 Easternob oreCity Hospita	
CERTIFICATION	(This does heart failu injury or DISEASES	SE OR CONDITION LEADING TO DEAT not mean the mode of ire, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	FANY, GIVING THAT STATING TH	(A) Pacumor			INTERVAL BETWEEN ONSET AND DEATH 2days
CERTIF	TRIBUTING	IGNIFICANT CONDI TO THE GEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
EDICAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING 10bout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					20, AUTOPSY? YES No exact location)	
ME	CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) P INJURY MILE AT WORK AT WORK AT WORK						
	decenned at	line on 9 -1 3 -	ended the	deceased from 7-10 and that death occur		the causes and on the	
24 TIO		TURE H. C. Jul CREMA- 24B. DATE Specify)	12	- M. D. 4	940 Eastern Ave. RY OR CREMATORY 240. L	,Baltimore,Md	

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BALTIMORE CITY HEALTH DEPARTMENT

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_		E OF DEATH	0
	RTH NO.		
(7	Sype or Print) Alice Calden Civi	L 2. DATE OF 9-1	2-52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution : residence before admission)
(H	FULL NAME OF (If not in hospital or institution, give street address o DOSPITAL OR location ISTITUTION		
11	union Memorial Hosp.	Rathmat Hill J	enryton township)
	Yes. Mos.	D. STREET ADDRESS (If rural, give location)	
0.	Length of stay in Baltimore / RESEX 6. COLOR OF RACE 7. SINGLE, MARRIED.		Mudy
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widows)	8. DATE OF BIRTH JULY 3. 1805 9. AGE (In fears last birthday) Mon	Under 1 Year M Under 24 Hours this Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	Mone!	Virgining (Richmond)	US 49.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	nn. John A. Caldes	Eudora Jackso	n
15 (Ye	was deceased ever in u. s. armed forces? 16. Social spoor nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AD	DRESS
	DIO none none	Mrs. W. C. Byrd (daughter)	Balto. md.
	18. 561.4 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and in what	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	o cordial inforction	·
	injury or complication which caused death.)	monay Edoma	
	ANTECEDENT CAUSES Q . 6	two carlies and of the	
Z	(B)	The court of summan	
II E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
A	UNDERLYING CONDITION LAST.		
Ē	(c) D/10	phaymatic A Emio	
R	OTHER SIGNIFICANT CONDITIONS CON-		
III	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY7
A			YES NO
EDIC	21a. ACCIDENT. SUICIDE. 21b. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.		ve exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
	OF INJURY MHILE AT NOT WHILE WORK AT WORK		
	22. I hereby certify that I attended the deceased from 🧣	11 19520 9-12,1951	that I last saw the
	deceased alive on 972, 1986 and that death occu	urred at 11 m., from the causes and on th	
		23B. ADDRESS	23c. DATE SIGNED
	Koter L. Helling M.D.	Unrow Macagora Naso	9.11.25
2	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town,	or county) (State)
1	Buriel Sept-15/52 Loudon Pe	rok Baltimore Mo	ruland
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ACDRESS
	OCAL REGISTRAR Huntington Williams, M.P. C.	Ternach & Mayor (2 108)	1. Month are
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4			* "	0 (00.
		EALTH DEPARTMENT E OF DEATH	Registered I	8487 No.
1.	NAME OF DECEASED Sype or Print) Row allowing ht		2. DATE OF DEATH SENT	Ember 13, 1952
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution of variety address or open to the continuous of t	4. USUAL RESIDENCE (W	There deceased lived. If	institution : residence before admission)
	FULL NAME OF (If not in hospital or institution, give except address or SPITAL location) STITUTION	200	outside corporate limit	ts, write RURAL and give township)
	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If	rural, give location)	
1	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	11-29-45	last birthday) Mo	onths Days Hours Min.
wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	W. VA.		12. CITIZEN OF WHAT COUNTRY
	Vanlin allinght	14. MOTHER'S MAIDEN NA	AME	
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give war or dates of service) (If yee, give war or dates of service) (If yee, give war or dates of service)	17. INFORMANT JOHN	NS HOPKINS H	OSPITAL.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of derbelly	stima	INTERVAL BETWEEN ONSET AND DEATH 4 1 NUNTH
EDICAL CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)			
	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR			20. AUTOPSY?
	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg	in or 21c. WHERE DID (I	If in Baltimore City,	
M	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURF PRINJURY WHILE AT WORK NOT WHILE AT WORK		/ OCCUR?	
	22. I hereby certify that I attended the deceased from 9. deceased alive on 9-13, 1952, and that death occur			Z,that I last saw the he date stated above
	23A. SIGNATURE	23B. ADDRESS	THE PARTY AND	23c. DATE SIGNED

24C. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

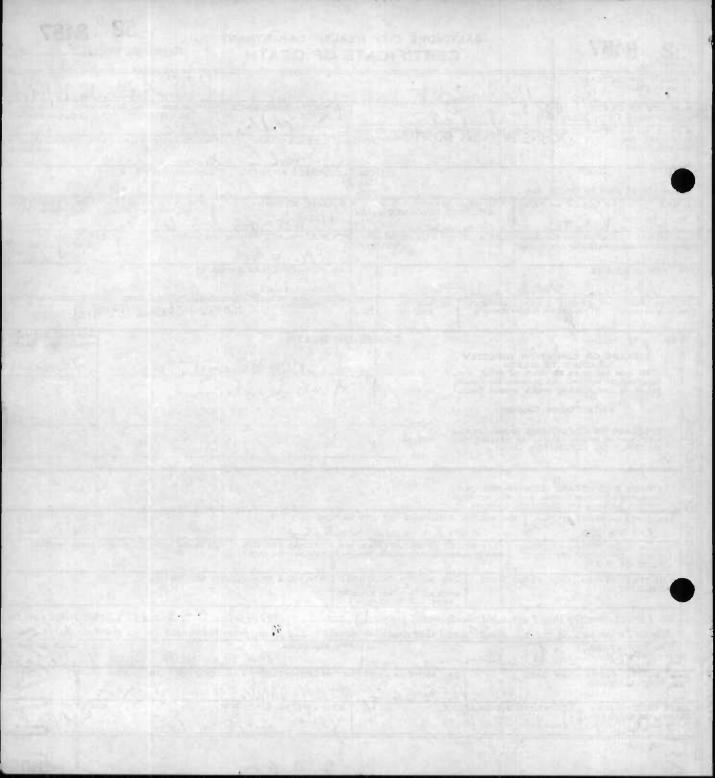
ADDRESS

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24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

Huntington



BALTIMORE CITY HEALTH DEPARTMENT 8488 Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF IRVIN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 9. AGE (In years | Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify) DIVORCEd 10A. USUAL OCCUPATION (Give kied of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY TRACK FOREMAN 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED ORCEST (Yes, no or unknown) (If yes, give war or date of service) 16. SOCIAL ADDRESS LENECURITY NO. (Yes, no or unknown) Unknown INTERVAL BETWEEN CAUSE 18. 331X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE WHILE AT WORK 19 32 to 1952, that I last saw the 22. I hereby certify that I attended the deceased from. 2m., from the causes and on the date stated above. 19 5 Zand that death occurred at_ deceased alive on. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED

25. FUNERAL DIRECTOR

LOCATION (City, town, or county)

ADDRESS

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24A. BURIAL, CREMA-TION REMOVAL (Specify)

DATE RECEIVED BY

24B. DATE

REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT 8489 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland . STATE B. GOUNTY before admission) andan B. FULL NAME/OF (If not in hospital or institution, give street address or In Vitamare location) (If outside corporate limits, write RURAL and give INSTITUTION umore Yrs. D. STREET ADDRESS (If rural, give location) Mos. length of stay in Baltimore Davs 8. DATE OF BIRTH 5. SEX SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE | K Under 24 Hours AGE (In years) If Under | Year ast birthday) Months: Days Hours: Min. 0 inowed 10A. USUAL OCCUPATION (Give kind of 11. BINTHPLACE (State or foreign country) TOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of wat riog life, even if retired) INDUSTR WHAT COUNTRY? Ketwed arbenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. -10-1280 18. CAUSE OF DEATH 4500 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ü TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION ICAL 2-20-52 21A. ACCIDENT WAS UNDER-218. REACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from Oct. 12, 195/ to Lock Left 1952-that I last saw the . 1952 and that death occurred at 5 A. m., from the causes and on the date stated above. deceased alive on 11 284. SIGNATURE 238. ADDRESS 23C DATE SIGNED M. D 201. BURIAL, CREMA-248 DATE 24c. NAME OF CEMETERY OR CREMATORY 240-LOCATION (City, town, or county) Jurial DATE RECEIVED BY REGISTRA'R'S 25 EUNERAL DIRECTOR ADDRESS VS 150

Dr. Teghinian 2212 South Road

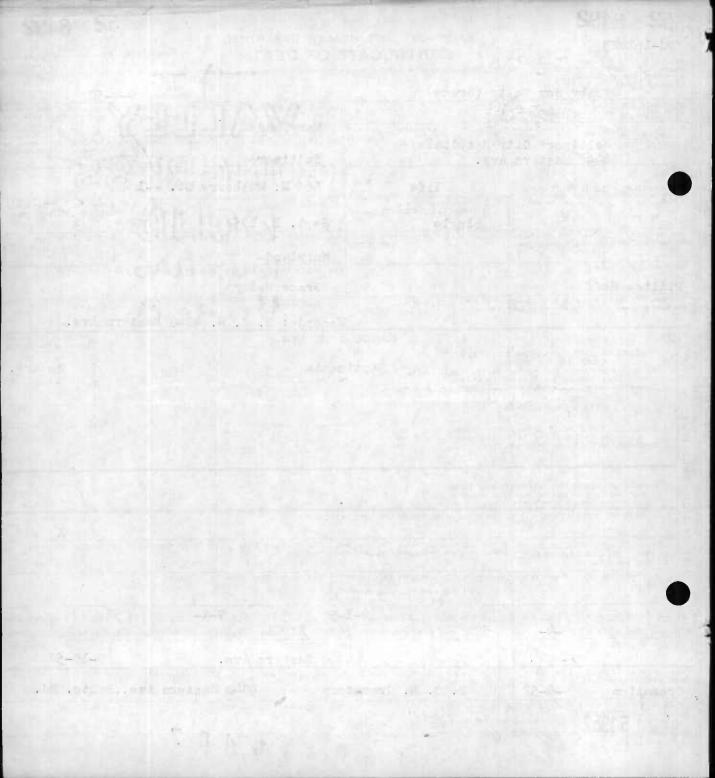
Dr Louis Wice 920 St Paul St MU 0837

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B. C. H. Crematory

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

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4940 Eastern Ave. Balto. Md.

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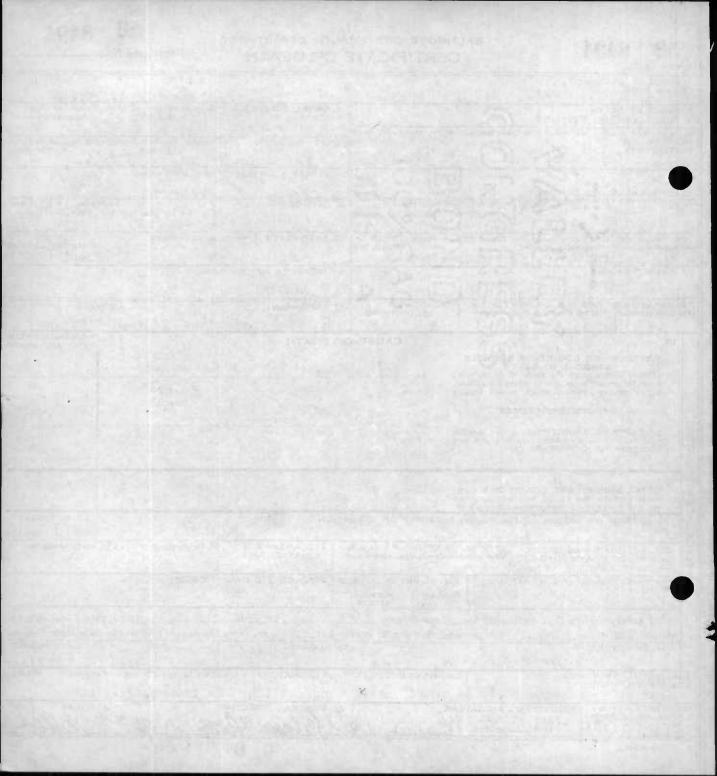
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BALTIMORE CITY HEALTH DEPARTMENT

52 8494

Registered No__

S. FULL NAME OF (If not in hospital or institution, give street address or location) 4613 Perk Heights Avenue 4613 Perk Heights Avenue Yrs. Mos. S. SEX 6. COLOR or RACE 7. SINGLE MARRIED. Widower 10. USUAL OCCUPATION (Give-kinded or working life, even irretired) COLOR princess 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARNED FORCES? (If year, give war or dates of service) 15. WAS DECEASED EVER IN U. S. ARNED FORCES? (If year, give war or dates of service) 16. July A. Disease or condition Directly (This does not mean the mode of dying, c. g., heart or the Above Causes (A.) STATING THE UNDERLYING CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSES 17. OTHER SIGNIFICANT CONDITIONS CDN. 18. July A. Disease or condition which caused death.) ANTECEDENT CAUSES 18. OTHER SIGNIFICANT CONDITIONS CDN. 18. July A. Disease or condition of the deated death.) ANTECEDENT CAUSES 18. OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED UNDERLYING CONDITION CAUSING IT. 19. DATE OF OPERATION (A.) 198. MAJOR FINDINGS OF OPERATION 19. ADDRESS (If outside corporate limits, write RURAL and give township townshi	BIR	BIRTH NO.						
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION 4613 Park Heights Avenue Yrs. Mos. C. Length of stay in Baltimore 60 years Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED Wildower 104. USUAL RESIDENCE (Where decessed lived, it institutor, residence before admission ACTATE OCHEMICAL OR INSTITUTION ACTATE D. STATE A. USUAL RESIDENCE (Where decessed lived, it institutor) B. COUNTY ACTATION C. CITY OR TOWN (If outside corporate inmits, write RURAL and of permission) C. CITY OR TOWN (If outside corporate inmits, write RURAL and of permission) Feltimore D. STATE A. STATE D. STATE A. STATE D. STATE A. STATE D. STATE A. STATE D. STATE A. USUAL RESIDENCE (Where decessed lived, institution, piece admission before admission before admission before admission before admission in the mass of the support for the mass in the support of the mass in the disease, injury or complication while result-decided country) DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication while caused death, UNDERLYING CONDITIONS, IF ANY, CIVING PRINTING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication while caused death, UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF OPERATION TRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DEATH AND THE NOT RELATED TO THE DEATH AND THE NOT RELATED TO THE DEATH AND THE NOT THE DEATH AND THE NOT								
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL O		CAPUFI, LEVITAS				DEATH Sept		
HOSPITAL OR INSTITUTION 4613 Park Heights Avenue C. Length of stay in Baltimore C. Length of Coll Loyola Southway C. Length of Stay in Baltimore C. Lengt								f institution : residence before admission)
A612 Park Heights Avenue Relimore Oyears Oy			OF (If not in hospit	al or institut			12.	
C. Length of stay in Baltimore 60 years Mos. Mos. Mos. Mos. 2601 Loyola Southway S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. White White White Widower 10A. USUAL OCCUPATION (Give-hinder) Widower 10A. USUAL OCCUPATION (Give-hinder) Widower Proprietor 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL (Yee, no or unknown) 15. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL (This does not mean the mode of dying, e. g., heart failure, asheria, etc. it means the disease, injury or complication which caused death.) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT. 19. DATE OF PERATION (1) 198. MAJOR FINDINGS OF OPERATION D. STREET ADDRESS (If rural, give location) 2601 Loyola Southway 8. DATE OF PERATION (1) 198. MAJOR FINDINGS OF OPERATION D. STREET ADDRESS (IS INCHER) 20. AUTOPSY?			4037 D	le IV a f al			f outside corporate limi	ts, write RURAL and give township)
C. Length of stay in Baltimore 60 years Days 2601 Loyola Southway 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Widower 1862 90 10. USUAL OCCUPATION (Give kinded work doned unifor goost of working life, even if the trieted) Widower 1862 90 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Russia 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION ALST. OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DISEASE OR CONDITION ALST. OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DISEASE OR CONDITION ALST. OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION ALSING IT. 19. DATE OF OPERATION OF 198. MAJOR FINDINGS OF OPERATION 120. AUTOPSY?		1	4619 Par	k heigi			/3 -	1.3
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DINORCED (Specify) 1862 1902 1864 1862		c. Length of stay in Baltimore 60 years Mos.						
Male White Widower 1862 90 Hours Min Widower 100. KIND OF BUSINESS OR INDUSTRY COAL Fusiness Proprietor Proprietor Proprietor Proprietor 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Russis 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dute of service) ECURITY NO. 17. INFORMANT ADDRESS (This does not mean the mode of dying, e.g., heart failure, as heart, set. It means the disease, injury or complication which caused death.) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, as heart, set. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DISEASE OR CONDITION AUSING IT. 19. ADATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION (20. AUTOPSY?)								If linder 1 Veet If linder 24 House
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10. KIND OF BUSINESS OR INDUSTRY Russia 12. CITIZEN OF WHAT COUNTR Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) 17. INFORMANT ADDRESS Wr. Saul H. Levitas 3414 Glen Avenue 18.		WIDOWED, DIVORCED (Specify)				last birthday) M	onths Days Hours Min.	
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	1	1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER			RATION			
	10 -	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in			n or 21c. WHERE DID	(If in Baltimore City,		
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?								
CAUSE OF DEATH YID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	ΣL			(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
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m. WORK AT WORK	22 / 1 /				~		to ed 1st	-
22. I hereby certify that I attended the deceased from 191, to 191, to 191, that I last saw to								
deceased alive on Sept 14, 191, and that death occurred at 3 m, from the causes and on the date stated above 23A. SIGNATURE								
	1	LOA. GIGINAI		Blue			Calvert	9/14/51
24A. BURIAL, CREMAN 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State	n, or county) (State)							
Burial Sept. 15,1952 Ensi Israel Congregation Faltimore, Maryland								
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS IN								
SEP 15 1952 Huntington Williams, M. Hol Seriason & Brow. 112426 N. north acie.								
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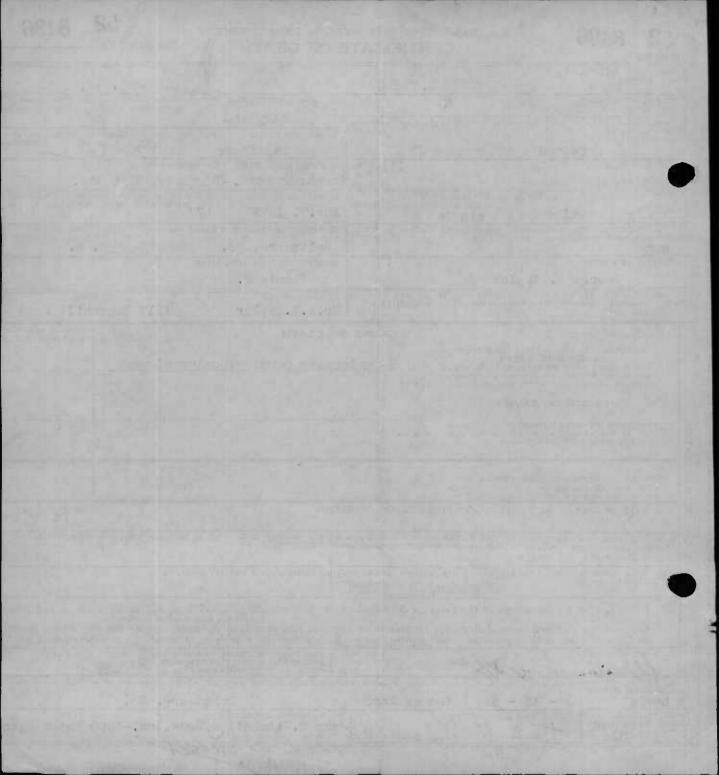


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В	52 8495 19184 BALTIMORE CITY HEALTH DEPARTMENT Registered R	8495
	NAME OF DECEASED Type or Print) 2. DATE OF DEATH	12.1952
A	B. PLACE OF DEATH: Baltimore City, Maryland D134, 4E A. STATE B. COUNTY B. COUNTY	nstitution : residence before admission)
H	ASPITAL OR NOTITUTION (If mot in hospital or institution, give street address or location) (If not in hospital or institution, give street address or location) (If outside corporate limits, C. CITY OR TOWN (If outside corporate limits, C. CITY OR TOWN)	write RURAL and give township)
C	Yrs. D. STREET ADDRESS (If ryral, give location) Mos. Days 730	1
	Temple White surged Ong. 20, 952	ths Days Hours Min.
MOI	OA. USUAL OCCUPATION (Givekind of rk done during most of working life, even if retired) 108. KIND OA BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME Wehr 14. MOTHER'S MAIDEN NAME Wight	\
CY	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT JOHNS HOPKINS	DRESS
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7	ANTECEDENT CAUSES	
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CERTIFI		
` `.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
EDICAL		ve exact location)
M	F INJURY (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK MOOK AT WORK	45 5
	deceased alive on 1112, 1952 and that death occurred at 7.00 Pm., from the causes and on the	that I last saw the date stated above.
	23a. SIGNATURE M. O. 23B. ADDRESS HOS HOPKING M. O. 24a. BURIAL, CREMA-1 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24o. LOCATION (City, town, company)	9/13/52
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	SEP 1 5 1952 Huntington Williams, Milliams, Mi	of alam
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CORMAN BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 8499 Registered No.

1. NAME OF DECEASED (Type or Print) Anna Carman	2. DATE OF DEATH 9-14-52				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION UNIVERSITY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
C. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3406 Wabash Auc #15				
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years H Under Year H Under 24 Hours Months Days Hours Min.				
10a. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Russia 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Max Feldstein	14 MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Morris Cornare - Sauce				
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OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg., etc.) 21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e.g., in or LYING OCCUR?) 21c. WHERE DID (If in Baltimore City, give expected of the property of the proper					
INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from 9-1, 1957, to 9-14, 1957, that I last saw deceased alive on 9-14, 1957, and that death occurred at 95 Pm., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGN 9-16-52					
240 BURIAL CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE SEP 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
vs 150					

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \).

238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

BURIAL. CREMA-TION, REMOVAL (Specify

24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

RECEIVED BY

ADDRESS

(State)

